
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Filing at a Glance

Company:	The Cincinnati Life Insurance Company
Product Name:	LTC 2020 Rates
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	07/30/2020
SERFF Tr Num:	GRJR-132365687
SERFF Status:	Closed-Approved and Filed
State Tr Num:	GRJR-132365687
State Status:	Approved & Filed
Co Tr Num:	LTC 2020 RATES
Effective	On Approval
Date Requested:	
Author(s):	Cindy Stubblefield, Paula Gentry, Jeannine Williams, Amy Chandler
Reviewer(s):	Colleen Moore (primary)
Disposition Date:	04/14/2023
Disposition Status:	Approved and Filed
Effective Date:	

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

General Information

Project Name: LTC 2020 Rates	Status of Filing in Domicile: Pending
Project Number: LTC 2020 Rates	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 25%	Filing Status Changed: 04/14/2023
	State Status Changed: 04/14/2023
Deemer Date: 05/07/2023	Created By: Sheana Roginski
Submitted By: Sheana Roginski	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

Filing Description:

Please see cover letter attached under Supporting Documentation tab.

Company and Contact

Filing Contact Information

Sheana Roginski, Filing Analyst	sheana_roginski@cinfin.com
PO Box 145496	513-870-2856 [Phone]
Cincinnati, OH 45250-5496	513-881-8165 [FAX]

Filing Company Information

The Cincinnati Life Insurance Company	CoCode: 76236	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 603-5563 ext. [Phone]	FEIN Number: 31-1213778	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Colleen Moore	04/14/2023	04/14/2023

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	04/03/2023	04/03/2023
Info has been requested from company	Colleen Moore	03/15/2023	03/15/2023
Info has been requested from company	Colleen Moore	02/15/2023	02/15/2023
Info has been requested from company	Colleen Moore	12/28/2022	12/28/2022
Info has been requested from company	Colleen Moore	11/29/2022	11/29/2022
Info has been requested from company	Colleen Moore	09/19/2022	09/19/2022
Info has been requested from company	Colleen Moore	07/19/2022	07/19/2022
Info has been requested from company	Colleen Moore	05/05/2022	05/09/2022
Info has been requested from company	Colleen Moore	04/06/2022	04/06/2022
Info has been requested from company	Colleen Moore	02/16/2022	02/16/2022

Response Letters

Responded By	Created On	Date Submitted
Cindy Stubblefield	04/07/2023	04/07/2023
Cindy Stubblefield	03/15/2023	03/15/2023
Cindy Stubblefield	02/23/2023	02/28/2023
Cindy Stubblefield	01/26/2023	01/26/2023
Cindy Stubblefield	12/21/2022	12/21/2022
Cindy Stubblefield	10/17/2022	10/17/2022
Cindy Stubblefield	08/18/2022	08/18/2022
Cindy Stubblefield	05/09/2022	06/06/2022
Cindy Stubblefield	04/07/2022	05/05/2022
Cindy Stubblefield	03/30/2022	03/31/2022

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	02/03/2022	02/03/2022
Info has been requested from company	Colleen Moore	12/22/2021	12/22/2021
Info has been requested from company	Colleen Moore	12/02/2021	12/02/2021
Info has been requested from company	Colleen Moore	11/30/2021	11/30/2021
Info has been requested from company	Colleen Moore	10/01/2021	10/01/2021
Info has been requested from company	Colleen Moore	07/06/2021	07/06/2021
Info has been requested from company	Colleen Moore	04/27/2021	04/27/2021
Info has been requested from company	Colleen Moore	04/06/2021	04/06/2021
Info has been requested from company	Colleen Moore	03/22/2021	03/22/2021
Info has been requested from company	Colleen Moore	03/05/2021	03/05/2021
Info has been requested from company	Colleen Moore	01/28/2021	01/28/2021
Info has been requested from company	Colleen Moore	12/29/2020	12/29/2020

Response Letters

Responded By	Created On	Date Submitted
Cindy Stubblefield	03/07/2022	03/07/2022
Cindy Stubblefield	01/21/2022	01/21/2022
Cindy Stubblefield	12/02/2021	12/02/2021
Cindy Stubblefield	12/01/2021	12/01/2021
Sheana Roginski	10/29/2021	10/29/2021
Sheana Roginski	08/04/2021	08/04/2021
Sheana Roginski	04/27/2021	04/27/2021
Sheana Roginski	04/21/2021	04/21/2021
Sheana Roginski	04/21/2021	04/21/2021
Sheana Roginski	03/18/2021	03/18/2021
Sheana Roginski	02/25/2021	02/25/2021
Sheana Roginski	01/27/2021	01/27/2021

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	11/17/2020	11/17/2020
Info has been requested from company	Colleen Moore	09/01/2020	09/01/2020

Response Letters

Responded By	Created On	Date Submitted
Cindy Stubblefield	12/17/2020	12/17/2020
Cindy Stubblefield	10/01/2020	10/01/2020

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	CINLIFE VA Response to Obj 20230315	Cindy Stubblefield	03/28/2023	03/28/2023
Supporting Document	Statement of Variability	Cindy Stubblefield	03/28/2023	03/28/2023

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Responding to objections rather than withdrawing	Note To Reviewer	Cindy Stubblefield	03/16/2023	03/16/2023
Actuarial Opinion Letter	Reviewer Note	Colleen Moore	09/19/2022	
RRS	Reviewer Note	Colleen Moore	04/27/2021	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Disposition

Disposition Date: 04/14/2023

Effective Date:

Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Cincinnati Life Insurance Company	1,301.000%	25.000%	\$6,577	15	\$26,306	25.000%	25.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Policyholder Notification Letter	Filed	Yes
Form (revised)	Policy Letter Address Change	Filed	Yes
Form (revised)	Coverage Decrease Election Form	Filed	Yes
Form (revised)	Paid-Up Status Election Form	Filed	Yes
Form (revised)	Coverage Decrease Confirmation Form Letter	Withdrawn	No
Form (revised)	Schedule	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policy Letter Address Change	Withdrawn	No
Form	Policy Letter Address Change	Withdrawn	No

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Coverage Decrease Election Form	Withdrawn	No
Form	Coverage Decrease Election Form	Withdrawn	No
Form	Coverage Decrease Election Form	Withdrawn	No
Form	Coverage Decrease Election Form	Withdrawn	No
Form	Paid-Up Status Election Form	Withdrawn	No
Form	Paid-Up Status Election Form	Withdrawn	No
Form	Paid-Up Status Election Form	Withdrawn	No
Form	Paid-Up Status Election Form	Withdrawn	No
Form	Coverage Decrease Confirmation Form Letter	Withdrawn	No
Form	Coverage Decrease Confirmation Form Letter	Withdrawn	No
Form	Schedule	Withdrawn	No
Rate (revised)	Proposed Rates	Approved	Yes
Rate	Proposed Rates	Withdrawn	No
Rate	Proposed Rates	Withdrawn	No
Rate	Proposed Rates	Withdrawn	No
Rate	Proposed Rates	Withdrawn	No
Rate	Proposed Rates	Withdrawn	No
Rate	Proposed Rates	Withdrawn	No
Supporting Document (revised)	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document (revised)	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	Cover Letter 25PctRI	Received & Acknowledged	Yes
Supporting Document	Third Party Filer Authorization	Received & Acknowledged	Yes
Supporting Document (revised)	CLIC Response to 20200901 Objection with Exhibits	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	CLIC Response to 20201117 Objection	Received & Acknowledged	Yes
Supporting Document	Original Act Memo, Exhibits and rates approved 111099	Received & Acknowledged	Yes
Supporting Document	CLIC Response to 12-29-20 Objection	Received & Acknowledged	Yes
Supporting Document	CLIC Response to 1-28-21 Objection	Received & Acknowledged	Yes
Supporting Document	CLIC Response to 3-5-21 Objection	Received & Acknowledged	Yes

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	CLIC Response to Obj 20210322 & 20210406	Received & Acknowledged	Yes
Supporting Document	CLIC Response to Obj 20210706	Received & Acknowledged	Yes
Supporting Document (revised)	Policy Holder Notification Letter	Received & Acknowledged	Yes
Supporting Document	CLIC VA Response to Obj 20220203	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20220216	Received & Acknowledged	Yes
Supporting Document	Contingent Benefit Upon Lapse	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20220406	Received & Acknowledged	Yes
Supporting Document	Schedule	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Decrease Confirmation Form Letter	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20220719	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20220919	Received & Acknowledged	Yes
Supporting Document (revised)	John Doe versions of forms - Obj 6	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20221129	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20221228	Received & Acknowledged	Yes
Supporting Document	Form LTC-100-VA	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20230215	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20230315	Received & Acknowledged	Yes
Supporting Document	CINLIFE VA Response to Obj 20230403	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance/Readability	Withdrawn	No
Supporting Document	Certification of Compliance/Readability	Withdrawn	No
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	10-28-2021 Cover Letter	Withdrawn	No
Supporting Document	Cover Letter	Withdrawn	No
Supporting Document	CLIC Response to 20200901 Objection with Exhibits	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Policy Holder Notification Letter	Withdrawn	No
Supporting Document	Policy Holder Notification Letter	Withdrawn	No
Supporting Document	Coverage Decrease Confirmation Form Letter	Withdrawn	No
Supporting Document	John Doe versions of forms - Obj 6	Withdrawn	No

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/03/2023
Submitted Date	04/03/2023
Respond By Date	04/17/2023

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CINLIFE VA Response to Obj 20230315 (Supporting Document)

Comments: Several of the changes requested in the 3/15/23 objection were not included in Amendment submitted 3/28/23:

- 1) The company was asked to revise the dates on the Coverage Decrease Election Form and the Paid-Up Status Election Form to be variable rather than "April 1, 2023" and define the variable terms in the SOVs. The variable term [DATE] was added and defined in the SOVs but the 2 election forms still say "April 1, 2023" in the upper right-hand corner. Please change them to be the variable term [DATE].
- 2) Please attach updated John Doe documents for the 2 election forms reflecting the final version under Supporting Documentation.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention. Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner
Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/15/2023
Submitted Date	03/15/2023
Respond By Date	03/24/2023

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)
- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)
- Statement of Variability (Supporting Document)

Comments: Thank you for including the date on the Coverage Decrease and Paid Up Status election forms. We note that the date was not marked as variable. Since this data will match the date on the Policyholder Notification Letter and therefore will vary depending on when the letters are prepared, please mark the date as variable and define the date in the corresponding SOV's.

Objection 2

- Statement of Variability (Supporting Document)

Comments: Please attach John Doe versions of LTC-100-VA1, LTC-100-2 (4/99) and LTC-100-1 (4/99) under Supporting Documentation.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention. Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/15/2023
Submitted Date	02/15/2023
Respond By Date	03/17/2023

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: Policy form LTC-100-VA (4/99) was originally approved prior to SERFF. Therefore, please attach a copy of the approved policy.

Objection 2

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

Comments: Please revise the references to "30 days from the date of this letter" to reflect 45 days, for consistency with the policyholder letter.

Objection 3

- Policy Holder Notification Letter (Supporting Document)

Comments: 1) In the John Doe sample notification letter, the letter is dated 1/1/2023 and the effective date of the rate change is 6/30/2023. The policyholder is given 45 days from the date of the letter to return the change forms. Please confirm if mailing the notice of increase 6 months prior to the effective date would be your normal procedure.

2) Please update the John Doe samples as needed to reflect the current versions.

Objection 4

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: Both the Paid-Up Status Election Form and the Coverage Decrease Election Form include a response date that is no later than XXX days from "the date of this letter". While these forms may be included when the policyholder notification letter is sent out, they are separate documents from the letter. Therefore, the election forms themselves should be dated and refer to the date of "this form", rather than the date on the notification letter.

Objection 5

- Policy Letter Address Change, LTC-100-VA1 (Form)

Comments: 1) The Policy Letter Address Change Form instructs insureds to submit a revised address via mail. Are policyholders also able to update their address on the website or via phone?

2) We note that the phone number on the address change letter is different than the 800 number in the notification letter. Please confirm the phone number.

Objection 6

- Policyholder Notification Letter, LTC-100-VA (Form)

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: We note that the Policyholder Notification Letter instructs insureds to return the applicable election form within a certain number of days. The election forms themselves refer to a postmark date. For clarity and consistency, please revise the notification letter to indicate the postmark date.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Filing Company: The Cincinnati Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/28/2022
Submitted Date	12/28/2022
Respond By Date	01/27/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Statement of Variability (Supporting Document)

Comments: It does not appear that the SOV definition for "DATE" on page 1 was revised in the response to Objection 3 submitted 12/21/22. The wording still defines the term as "The date the notification letter will be sent to policyholders" and indicates the range is: "To be determined but will be at least 75 days prior to the date of increase to be in compliance with 14VAC5-200-75 D."

For compliance with 14VAC5-200-75 D, the policyholder must receive the notice at least 75 days prior to the implementation of the rate increase. Therefore, the statement that the letter will be sent to PH's at least 75 days prior to the date of the increase does not comply with the regulation. Please specify what steps the company will take to ensure that policyholders will receive the letter at least 75 days ahead of time. For example, mailing the letters 90 days prior to the effective date.

Objection 2

- Policyholder Notification Letter, LTC-100-VA (Form)

Comments: Re: John Doe letter

1) Please move the John Doe letter to supporting documentation.

2) We continue to have concerns about the due dates for policyholders (PH's) to notify the company of their decisions. In the response to Objection 6 dated 12/20/22, the company indicated the John Doe version had been updated to reflect a more realistic date of the letter. In the updated letter, the letter date is January 1, 2023. The PH is given 30 days to respond to the letter, which means the response must be mailed by 1/31/23. Assuming 5-10 days for the PH to receive the letter, this timeline allows PH's, many of whom are elderly, only 20 - 25 days to make very significant decisions about their coverage which may involve discussing the issues with family members or other advisors. We note that this will be the first rate increase on these forms so PH's have not been through this decision-making process before. The effective date of the increase in the revised John Doe letter is 6/30/2023. Assuming the mail transit time for the PH's response would not exceed 10 days, this means the company should receive the PH request by 2/10/23, approximately 140 days (roughly 4.5 months) prior to the implementation date.

a. Please specify how much lead time the company needs to implement a change in coverage.

b. Please specify what happens if the PH mails the Coverage Decrease Election Form more than 30 days following the mailing date of the letter.

Conclusion:

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/29/2022
Submitted Date	11/29/2022
Respond By Date	12/29/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Notification Letter, LTC-100-VA (Form)

Comments: Please include the Policy Letter Address Change in the listing of Enclosures (marked as variable and explained in the SOV if it will not be included with every letter).

Objection 2

- Statement of Variability (Supporting Document)

Comments: There are 2 copies of the SOV for the Decrease Confirmation Form included in this section. Please remove the older version and include only the updated version (labeled as Obj 4.1 - 4.2)

Objection 3

- Statement of Variability (Supporting Document)

Comments: SOV for CLIC Policyholder Notification Letter, Page 1 - the variable term DATE is defined as the date the notification letter will be sent to policyholders. Please note that for compliance with 14VAC5-200-75 D 3, the policyholder should receive the notice at least 75 days prior to the implementation of the rate increase. Please update the Range in the SOV accordingly.

Objection 4

- Statement of Variability (Supporting Document)

Comments: RE: the SOV for the Policy Holder Notification Letter

Please remove the wording "but excluding any waived premiums" from the Range section for \$POOL. The wording "but excluding any waived premiums" is not found in 14VAC5-200-185 E.3, nor is it found in the CBUL rider.

Objection 5

- Policyholder Notification Letter, LTC-100-VA (Form)

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: We would like some clarification about the response deadlines for Options 2 and 3. Currently the Policyholder Notification letter includes 2 response deadlines:

-30 days from the date of the letter for Option 2 (reducing coverage)

-120 days from the date of the letter for Option 3 (electing the paid up option)

The letter does not explain the purpose of the deadlines or how the company will handle requests received after the deadline.

In the objection response letter submitted 3/31/22 (Objection 5, parts 4) the company indicated that, while policyholders can reduce

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

their coverage level at any time, the 30 days from the date of the letter deadline for option 2 was included so that the billing invoice would be correct. A similar response was made in part 5 regarding the 120 days from the date of the letter deadline for option 3.

The company also indicated that all PHs will be offered a CBUL and that it will be administered in accordance with the rider. The rider indicates that the offer can be selected at any time during the 120-day period following the due date of the premium increase.

Please clarify the following:

1) If the purpose of both of the due dates is so that the renewal billing will be correct, please explain why there are 2 different deadlines for the options.

2) For clarity for the insureds, please include an explanation of the deadlines in the PH notification letter.

a. For example, the wording for Option 2 could indicate that while their coverage level can be reduced at any time, the form should be returned no later than 30 days from the date of the letter so that the renewal billing invoice will be correct.

b. For Option 3, the wording should indicate that this option can be selected up to 120-days following the due date of the premium increase, but the form should be returned no later than XXX for the coverage to be updated by the renewal date.

3) Similar explanations can be included on the election forms.

Objection 6

- John Doe versions of forms - Obj 6 (Supporting Document)

Comments: Re: John Doe

The purpose of the John Doe policyholder notification package is to demonstrate how the letters will be used in conjunction with this filing. The John Doe letter shows a mailing date of October 19, 2022 and an effective date of the increase of 6/30/2023. The letter indicates the election form for Option 2 must be returned no later than 30 days from the date of the letter (11/18/22) and the form for Option 3 must be returned no later than 120 days from the date of the letter (2/16/2023).

Please explain the following:

- 1) The 8-month difference between the mailing date and the effective date in this example.
- 2) Why would the deadline to request to reduce benefits be over 7 months prior to the effective date?
- 3) Why is the deadline to request the paid up policy 4.5 months prior to the effective date?
- 4) In this example, please explain the purpose of the different response dates for the 2 options.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the actuarial certification in Section 22 as follows:

1) Regarding the post stability block, the company has indicated the premium rate increase which would be needed to make the certification required in 14VAC5-200-153 B.2. Please also specify that the premium rate filing is in compliance with all other requirements of this section.

2) Please note that the certification requirement regarding the premiums being reasonable in relation to benefits in 14VAC5-130-70 applies to the pre-stability block. The certification references the business under the 58/85 loss ratio threshold, which is the post-stability block. Please revise accordingly.

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Filing Company: The Cincinnati Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/19/2022
Submitted Date	09/19/2022
Respond By Date	10/19/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)
- Statement of Variability (Supporting Document)

Comments: The Statement of Variability for the Paid Up Status Election Form defines the variability for the term "\$POOL" as the greater of total cumulative premiums paid since inception prior to any changes in benefits or 30 times the Nursing Home Care Daily Maximum. The reference to premiums paid prior to any changes in benefits is inconsistent with the wording in the CBUL document, Form LTC-312-VA (1/02), where it says "100% of all premiums paid for the policy and any attached rider, including premium paid prior to any change in benefits". It is also inconsistent with the * definition on the Paid-Up Status Election Form. Please explain or remove the reference to "prior to any changes in benefits".

Objection 2

- Policyholder Notification Letter, LTC-100-VA (Form)
- Statement of Variability (Supporting Document)

Comments: Page 2, Option 1 Section

The new modal premium appears to be referenced in the letter as [\$RIMODPREM] in the verbiage, and [\$RIMODPREM1] in the chart. Only [\$RIMODPREM1] is defined in the SOV. Please revise the letter and SOV as needed so that the variable wording for the new modal premium is consistent.

Objection 3

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)
- Statement of Variability (Supporting Document)

Comments: 1) The 2nd item on the SOV indicates SDGALFMDB. Should this be \$DGALFMDB?

2) The SOV includes definitions for LIFE_ADDRESS2, LIFE_CITY, LIFE_STATE, and LIFE_ZIP, but those terms do not appear in the form. Please resolve this discrepancy.

3) Please define the variable term [POL_NO] in the SOV.

4) We note that the type for the variable Premium/Premium Mode amount appears to be smaller than the other type on the page. Please confirm the type meets the minimum 10 pt. standard.

Objection 4

- Coverage Decrease Confirmation Form Letter (Supporting Document)

Comments: We note some inconsistencies between the variability in the Coverage Decrease Confirmation document and the variability in the policyholder notification letter. Please address the following:

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

1) Under the signature box, the Coverage Decrease Confirmation document includes the variable [grp_program]. The signature box itself is not variable. The corresponding item on the policyholder notification letter (The Cincinnati Life Insurance Company) is not variable. Please revise for consistency between the 2 documents and adjust the SOV as needed.

2) The agent name and address information in the "cc:" was removed from the policyholder notification letter. This document still includes that information. We would expect the inclusion or exclusion of an agent's name and address to be consistent between documents. Please explain why this document includes variability for the agent information while the letter does not.

Objection 5

- Statement of Variability (Supporting Document)
- Coverage Decrease Confirmation Form Letter (Supporting Document)

Comments: The SOV includes definitions for the variable items grp_cs_phone and grp_cs_hours. There are no corresponding variable items in the Coverage Decrease Confirmation document. Please resolve this discrepancy.

Objection 6

- Policyholder Notification Letter, LTC-100-VA (Form)
- Policy Letter Address Change, LTC-100-VA1 (Form)
- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)
- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: Please attach John Doe versions of the forms under Supporting Documentation sufficiently completed to illustrate how they are intended to be used in conjunction with this filing.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Filing Company: The Cincinnati Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/19/2022
Submitted Date	07/19/2022
Respond By Date	08/18/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Coverage Decrease Confirmation Form Letter, Form LTC-100-VA-3 (4/99) (Form)
- Schedule, Form LTC-100-VA (4/99) (Form)

Comments: 1) In the response to objection 1 submitted 6/6/2022 the company indicated the Schedule was filed as a paper filing and approved 11/10/99. Since this form has previously been approved, please move it from the Form Schedule to Supporting Documentation. Please also attach a copy of the SOV which applies to this form.

2) In the response to objection 2 submitted 6/6/2022 the company indicated the Coverage Decrease Confirmation Form Letter would not become part of the policy and therefore would be moved to supporting documentation, however the document is still included under the Form Schedule tab. Please move it to Supporting Documentation.

3) If there are any other forms which will be used to amend a policy when an insured chooses to reduce their benefit level, please include copies under Supporting Documentation and provide the date and filing number when the document was approved.

Objection 2

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)
- Statement of Variability (Supporting Document)

Comments: 1) Please remove the wording "but excluding any waived premiums" from the Range section for \$POOL as previously addressed in Objection 3, #6, in the Objection Letter sent 6/6/2022.

2) Please define the variable item [EFFDT] in the SOV.

Objection 3

- Statement of Variability (Supporting Document)

Comments: SOVs are included for "Decrease Confirmation Form" and "Decrease Confirmation Letter". They are very similar.

1) Please clarify which documents these apply to. There is one document named "Coverage Decrease Confirmation Form Letter."

2) Both these SOVs appear to include variable references which refer to groups. Please explain as this is an individual rate filing.

Objection 4

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

Comments: Several of the revisions indicated in the response to Objection 6 submitted 6/6/22 do not appear to have been made:

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

- 1) Please revise the form number to match the number in the Form Schedule - LTC-100-2 (4/99) rather than LTC-100-2 4/99).
- 2) Please attach an SOV for this form under Supporting Documentation.
- 3) The phone number included on the form is a nonworking number. Please revise.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/09/2022
Submitted Date	05/09/2022
Respond By Date	06/08/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: In the response to objection 6 submitted 3/31/22, the company references the attached "Form LTC-100-VA Schedule.pdf". This form does not appear to have been attached to the response. Please provide a copy of the form and the date and SERFF filing number (if applicable) where the form was approved for use in Virginia.

Objection 2

- Coverage Decrease Confirmation Form Letter, LTC-100-VA-3 (4/99) (Form)

Comments: 1) The company attached The Coverage Decrease Confirmation Form Letter (LTC-100-VA-3 (4/99) under the Form Schedule tab. This letter is not part of the policyholder notification package which will be sent as notification of the rate change.

- Will this form become part of the policy?
- If not, please move this form to supporting documentation.

2) Please revise the variable language marking from "<<" and ">>" to Brackets "[" and "]" for compliance with 14VAC5-101-80.

3) For compliance with 14VAC5-101-60 2, the full licensed name of the company must be displayed in prominent print on the form.

Objection 3

- Policyholder Notification Letter, LTC-100-VA (Form)

- Statement of Variability (Supporting Document)

Comments: 1) Page 1, paragraphs 3 and 5 - please revise the references to Virginia's State Corporation Commission to read "the Virginia State Corporation Commission".

2) Page 1, Paragraphs 3 and 5 - There are references to the rate increase being compliant with Virginia laws. Please revise these references to say "Virginia laws and regulations", pursuant to 14VAC5-200-75 D.4.

3) Page 1, Paragraph 3 - Please change the reference to the "Virginia State Insurance Commission's webpage" to read "Virginia State Corporation Commission's webpage".

4) Page 1, Paragraph 5 - We note that the 3rd and 4th sentences conflict ("the same alternative options" vs "similar options".) As the 4th sentence, "In the event of future rate increases, similar options to those listed in this letter may be available" is considered acceptable language to satisfy 14VAC5-200-75, the company may want to delete the 3rd sentence in this paragraph (Future rate increases will come with the same alternative options to minimize the premium increase in the future).

5) Page 1, What are my Options - We are concerned that some of the language in this section could be considered overly

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
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conversational and can cloud the point you are trying to make. Therefore, we suggest the company combine the two paragraphs and simplify the wording to more clearly address that options will be available. For example:

We understand how important your long-term care coverage is to you and that you may not be willing or able to pay the higher premium. Therefore, we are offering coverage options to help keep your premium at or near the current level. Please review your existing coverage and the new premium, and consider if you may want to adjust your coverage to reduce your overall premium. When making your decision, please note that your policy may be subject to rate increases in the future.

6) Page 2, Option 3 - The wording "but excluding any waived premiums" is not found in 14VAC5-200-185 E.3, nor is it found in the CBUL rider. Therefore, please exclude the reference to waived premiums.

7) Page 2, last paragraph - Please delete the sentence "We would like you to consider that the options offered to you in lieu of accepting the rate increase may not be of equal value." as this required notice is already included in bold at the top of the page. The company may also want to simplify this paragraph by combining the first and 3rd sentences: "We realize this offer is complicated and encourage you to call our special toll free number" In addition, the company may want to combine the last 2 sentences to read: "We thank you for your business and look forward to serving you for many years."

8) Page 2, last paragraph - The company has indicated you do not want items such as the phone numbers to be variable. We note that the phone number included in the last paragraph (888) 555-1234 appears to be a nonworking number. Please confirm the number and revise as necessary.

9) Normally signature blocks are marked as variable in the event of a staffing change. If the company would like to mark the signature block on page 3 as variable, please revise the form as needed and add the variability to the SOV.

Objection 4

- Policy Letter Address Change, LTC-100-VA1 (Form)

Comments: 1) For compliance with 14VAC5-101-60 2, please include the full licensed name of the company on the form.

2) We note that the form says "if your address has changed from that printed above". As this is now a separate form from the letter, the company should delete the reference to "that printed above".

Objection 5

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: 1) Please confirm if this form has been previously submitted for review in Virginia, and if so provide the date and filing number in which it was approved.

2) In the sentence *Greater of the, what does the * refer to?

3) Please attach an SOV explaining the variable items in this form.

4) The phone number included on the form (1-888-555-1234) appears to not be in service. Please confirm and revise as needed.

Objection 6

- Coverage Decrease Confirmation Form Letter, LTC-100-VA-3 (4/99) (Form)

Comments: 1) Please confirm if this form has been previously submitted for review in Virginia, and if so provide the date and filing number in which it was approved.

2) Please confirm the form number at the bottom left of the page and revise as necessary. It does not match the form number on the

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule page.

3) Please attach an SOV explaining the variable items in this form.

4) The phone number included on the form (1-888-555-1234) appears to not be in service. Please confirm and revise as needed.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/06/2022
Submitted Date	04/06/2022
Respond By Date	05/06/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The updated Actuarial Memorandum submitted 3/7/22 is missing exhibits A1, A2 and A3 which are the loss ratio exhibits with the proposed 25% increase. Please provide these exhibits.

Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The form numbers on the Rate Request Summary (RRS) should match the approved form numbers. Please include the full form numbers on the RRS. For example: LTC-100-VA (4/99) rather than LTC-100.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/16/2022
Submitted Date	02/16/2022
Respond By Date	04/01/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Notification Letter, LTC-100-VA (Form)
- Certification of Compliance/Readability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

Comments: 1) Please attach the revised Policy Holder Notification letter to the Form Schedule tab and include the readability score.

2) We note that the readability certification indicates a score of 43.8. 14VAC5-101-70 F specifies a minimum of 50. Please revise the letter for compliance. In addition, please indicate on the certification which document(s) it applies to.

3) In supporting Documentation, under the heading CLIC Response to Obj 20210706, the company included a Coverage Decrease Election Form and Paid-Up Status Election Form. All items which will be included in a policyholder notification package should be included under the form schedule, unless they have previously been reviewed by the Bureau. If these items have not previously been submitted to the Bureau, please attach the documents under the form schedule and include a unique form identifying number for each document. Please provide the SERFF # for any forms which have been previously reviewed by the Bureau. All variable items must be defined in a Statement of Variability.

4) We note that the address change reminder section found within the policyholder notification letter is designed to be removed from the letter and returned to the Company. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. While this form can be included in the policyholder notification package, it should be attached under the form schedule with a separate identifying form number.

Objection 2

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

Comments: 1) Variable items in the letter should match the variable item defined in the SOV exactly. There are numerous places where the variable wording does not match. For instance, the variable terms EFFDT1 and \$RIPREM1 in the Feature chart on page 1 are included as EFFDT and \$RIPREM in the SOV. Please confirm that the variable terms in the letter and the SOV match exactly.

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

2) Please explain the purpose of the Application Form Number. How does this differ from the Policy Number?

3) The term [Date] should be clearly defined in the SOV. Policyholders are required to receive notification of an increase at least 75 days prior to the date of the increase (14VAC5-200-75 D). How will the company ensure compliance with this provision?

4) Please define each variable term [Field_2] through [Field_10] in the SOV. The SOV explanation components of the address line does not explain what each term refers to. These items appear to be defined on page 2 of the SOV, however, for compliance with 14VAC5-101-80 D, each explanation of variability shall appear in the same order that it appears on the form.

5) Page 1, Paragraph 1, 1st sentence we are concerned with the phrase has authorized a premium rate increase. The increase is subject to review for compliance with Virginia laws and regulations. Therefore, please revise this wording to reflect that the company is implementing a premium rate increase rather than authorizing one.

6) Page 1, Paragraph 1, 2nd sentence as this letter is notifying policyholders of an increase which will be implemented, please change the reference from this offer to be this letter.

7) It is the Bureaus position that policyholder notifications should be in clear, consumer friendly language which could be understood by an elderly policyholder with little to no insurance experience. Please review paragraphs 2, 3 and 4 in the letter to simplify and clarify the wording. For example, in paragraph 2, the 1st sentence could be simplified to be: It is important to know that all insurance companies periodically review their claims experience and make rate adjustments as allowed in the policies.

8) Page 1, Paragraph 2, 3rd sentence: the phrase in compliant with should be either in compliance with or compliant with.

9) Page 1, Paragraph 2, 4th sentence. Please revise the sentence to read: All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commissions webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

10) Page 1, Paragraph 2, last sentence: please add wording explaining the impact of people living longer and keeping policies longer (for example, resulting in higher than expected claim costs.)

11) Page 1, Paragraph 2, last 2 sentences Due to the length of paragraph 2, the company may want to make the last 2 sentences a separate paragraph.

Objection 3

- Statement of Variability (Supporting Document)
 - Policy Holder Notification Letter (Supporting Document)
- Comments: Page 1, Paragraphs 3 and 4

Paragraph 3 contains some information about future rate increases. Additional information is included in paragraph 4. We find it is less fragmented and easier for a policyholder to follow if the information is included in the same section. For clarity:

1) Please move the last 2 sentences in paragraph 4 to follow the first sentence in Paragraph 3 (The company will continue to monitor experience. Additional rate increases may be necessary.)

2) The last sentence in paragraph 4 and 2nd sentence in Paragraph 3: The reference to may or may not in the sentence Future rate increases may or may not come with the same alternative options to minimize the premium increase in the future is not in compliance with 14VAC5-200-75A 2. In addition, we are concerned that the reference to future rate increases being contingent upon numerous factors may be confusing for policyholders. The company may want to instead use language similar to the following suggested

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

wording: In the event of future rate increases, similar options to those listed in this letter may be available. Future rate increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations.

3)The last 2 sentences in Paragraph 3 are not required to be included in the letter under Virginia regulation (All policyholders affected by future rate increases ..). To simplify this section, the company may want to delete those 2 sentences.

Objection 4

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)
- Comments: Page 1, Paragraph 4

1)For consistency with page 2, please bold the title of this section.

2)Please review this paragraph and revise as needed so that the language is clear and simple. For example, where the letter says We would like to suggest that you consider your existing coverage . it could be simplified to read: We suggest you review your existing coverage

Objection 5

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)
- Comments: Page 2, What are my options

1)Please delete the 1st sentence as it is included as the first sentence in the previous paragraph.

2)The variable term for the effective date is shown as both [EFFDT1] and [EFFDT] on this page. Only EFFDT is defined in the SOV. The current premium is shown as [\$CURMODPREM] in the letter but \$CURMOPREM on the SOV. The new modal premium is shown as [\$RIMODPREM1] in the letter but \$RIMODPREM in the SOV. Please resolve these discrepancies.

3)We note that the references to Option 2 and Option 3 are not variable. Please confirm if all policyholders will receive an option to reduce coverage and a paid up option.

4)Option 2 in this section policyholders are given 30 days from the date of the letter to return the letter, which with mail time, would give them 20 25 days to make a decision. Please explain how the company will handle change requests which are mailed after the 30-day deadline but received prior to the effective date of the rate increase.

5)Option 3 policyholders are given 120 days from the date of the letter to sign and return the election form for a paid up option. The Contingent Benefit Upon Lapse rider says this option may be elected anytime during the 120-day period following the due date of the premium increase. How will the company handle requests mailed after 120 days from the date of the letter but received within the 120-day period following the due date of the premium?

6)Please advise if company address, the customer service contact number and hours of operation fields, the email address and signature block in the letter should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.

7)The letter refers to an enclosed envelope. Please include the envelope under enclosures.

8)Please explain the purpose of the variable items in the cc. These items have been defined as the policyholders name and address and are included at the top of the letter. What is the purpose for them to be repeated at the bottom of the letter.

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

9) On page 2 of the SOV, items Field_13 through Agent-Zip are defined in the SOV but do not appear in the letter. Please resolve this discrepancy.

Objection 6

- Policyholder Notification Letter, LTC-100-VA (Form)
- Statement of Variability (Supporting Document)

Comments: 1) If an insured's premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase or at the time that they come off claim? How much time does a policyholder have once they come off claim to notify the company of their option selection?

2) Please explain how a policy is updated or amended to reflect any benefit changes an insured may choose to reduce the effects of the rate increase. If the policy is revised in any way, the policyholder must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, or a revised schedule of benefits that was reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval.

3) Please attach a copy of the previously approved Contingent Benefit Upon Lapse Rider under Supporting Documentation.

4) Please confirm the premium ranges included in the SOV reflect the revised 25% increase.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification or if you'd like to arrange a call to discuss the objections.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Filing Company: The Cincinnati Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/03/2022
Submitted Date	02/03/2022
Respond By Date	03/05/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Proposed Rates, [LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)] (Rate)

Comments: 1) The revised rate sheets include proposed rates for policy form LTC-120 which is not included in this filing.

Please remove the rate sheets for form LTC-120 from this filing.

2) Please specify on the rate sheets which rate are pre stability and which are post stability.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) As this filing includes both Pre- and Post Stability policies, please update the actuarial certification for compliance with:

- 14VAC5-200-153 B 2 for post stability. If the increase is less than needed to certify for the post stability block, refer to the requirements in the last paragraph of 14VAC5-153 B. Some of this language appears to be in Section 20, which is outside the certification. If the increase is less than needed, the certification should disclose what increase would have been needed to certify the filing and state that the filing satisfies all other requirements in this section.

- 14VAC5-130-70 B 14 pre stability (regarding premiums being reasonable in relation to the benefits provided). This had been added in a previous version of the actuarial memorandum but is not in the current version.

2) Please include in the actuarial memorandum a statement for compliance with 14VAC5-200-153 B 3 d. This had been added in a previous version but is not in the current version.

3) In conjunction with submission of the most recent Actuarial Memorandum, Exhibits I - VI, which were used during the actuarial review of this filing, were deleted. Please reattach the following exhibits:

Objection 20201117 - Exhibit V & VI.xlsx

Objection 20201229 - Exhibit I.xlsx

Objection 20201229 - Exhibit III & IV.xlsx

Objection 20201117 - Exhibit II.xlsx

Objection 3

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please make the following revisions to the Rate Request Summary:

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

- 1) Include the full licensed company name ("The" Cincinnati Life Insurance Company)
- 2) Complete the SERFF Tracking Number field
- 3) Include all applicable form numbers.
- 4) Include the Product Name, if applicable.
- 5) Complete the Outlook for Future Rate Increases field.
- 6) Attach as page 2 the narrative which had been included in the previous version of the document.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/22/2021
Submitted Date	12/22/2021
Respond By Date	01/21/2022

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: The Bureau acknowledges your revised request however our initial concerns remain. In addition to other concerns, the company has chosen not to file for an adjustment throughout the life of the policy until now. The requested increase this late in the policy life cycle will not bring the rates materially closer to sufficiency but will have a disproportionate adverse impact on policyholders.

Consequently, the Bureau is prepared to approve a one-time 25% rate increase. In order to accept this change and have your filing approved, please update the filing to reflect the 25% increase, including: the Rate/Rule Schedule tab, updated rate sheets, actuarial memorandum, Rate Request Summary, accompanying exhibits, and policyholder notifications.

Please respond and advise of the companys acceptance or rejection of the Bureaus offer.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/02/2021
Submitted Date	12/02/2021
Respond By Date	01/01/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Proposed Rates, [LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)] (Rate)

Comments: 1) The Percent Rate Change Request on Line 1 should reflect the total of the 3 requested increases (95.3%).

2) In addition to the Overall % Rate Impact, the post submission update should also revise:

- The Overall Rate Impact on the General Information tab, and
- The Written Premium Change and the Minimum and Maximum % Change under Company Rate Information on the Rate/Rule Schedule.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/30/2021
Submitted Date	11/30/2021
Respond By Date	12/07/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: The objection response submitted 8/4/2021 regarding the policyholder notifications refers to the document "CINLIFE Response to OBJ 20210706". This document does not appear to be attached under Supporting Documentation. Please submit the above referenced document.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention. Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/01/2021
Submitted Date	10/01/2021
Respond By Date	10/31/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: To follow up on the 9/20/21 meeting, during the call the BOI and the team from The Cincinnati Life Insurance Company discussed limiting the 100% rate increase requested by the Company. Key reasons for limiting the increase were the small size of the block and the fact that the company had requested several rounds of increases in other states but had never requested them in Virginia, though the LTC Annual Rate Reports submitted in Virginia stated that the rates were insufficient.

During the discussion several possible options were discussed, including phasing in an increase over several years or certifying to no more increases on this block. The team from The Cincinnati was also asked to determine an alternate increase amount that could be presented to the BOI.

Please respond with an alternate increase amount for the BOI to consider.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Sincerely,
Colleen Moore

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Filing Company: The Cincinnati Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/06/2021
Submitted Date	07/06/2021
Respond By Date	08/05/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Notification Letter, (Form)

Comments: 1) Please include a unique form number for the policyholder notification letter on Line Item No. 1 on the Form Schedule.

2) For compliance with 14VAC5-101-60 1, the form number must be included in the bottom left hand corner of the first page of the letter.

3) Pursuant to 14VAC5-101-60 2, the full licensed name of the company shall appear in prominent print at the top of the form. The letterhead should also include the address of the home office.

Objection 2

- Policyholder Notification Letter, (Form)

Comments: For compliance with 14VAC5-101-70 E, the form shall be printed in at least 10-point type size. There appear to be sections which are in smaller than 10-point type. Please revise the letter accordingly.

Objection 3

- Certification of Compliance/Readability (Supporting Document)

Comments: 14VAC5-101-110 - please attach the certificate of compliance which can be found at <https://law.lis.virginia.gov/admincode/title14/agency5/chapter101/section110>.

Objection 4

- Product Checklist (Supporting Document)

Comments: 1) Please attach a completed, signed copy of the Long-Term Care Rate Revision Checklist which can be found at <https://scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf>.

2) Due to numerous concerns found during our review of the policyholder notification letter, we recommend you review the filing criteria referencing the policyholder letter and forms on pages 6-8.

Objection 5

- Policyholder Notification Letter, (Form)

Comments: There are several references to the Department of Insurance. Please note, it is the Virginia Bureau of Insurance, not Department. Also, in Virginia, the Bureau of Insurance is part of the State Corporation Commission. Please reference the State Corporation Commission in the language.

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection 6

- Policyholder Notification Letter, (Form)

Comments: 1) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

2) Please explain how a policy is updated or amended to reflect any benefit changes an insured may choose to reduce the effects of the rate increase.

Objection 7

- Policyholder Notification Letter, (Form)

Comments: Page 1

1) Please clearly define the variable term [date] in the SOV and confirm how the company will comply with the 75-day advance notice required in 14VAC5-200-75 D.

2) Paragraph 2 - please revise the 3rd sentence to reflect the language in 14VAC5-200-75 D.4.

3) Paragraph 3 - The Company states that future rate increases will be approved by the Bureau of Insurance. Please revise the wording to reflect that the SCC reviews rate filings for compliance. For example, Any future rate increase will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

4) Paragraph 4 - please include a statement that the policy may be subject to rate increases in the future for compliance with 14VAC5-200-75 A.1.

5) For compliance with 14VAC5-200-75 A.2, the letter should include an explanation of potential future premium rate revisions and the policyholder's options in the event of a premium rate revision.

Objection 8

- Policyholder Notification Letter, (Form)

Comments: 1) Page 2, Option 2 - the insured is given 30 days from the date of the letter to select Option 2. Please explain what will happen if an insured misses this deadline.

2) Page 2, Benefits Chart - The chart shows the Total Coverage Amount for Current and Options 1 & 2 as Unlimited with no variability. The actuarial memorandum indicates that the insured has the option to choose an unlimited lifetime payment maximum or a maximum based on the number of days chosen. Please confirm if the Total Coverage Amount should be variable and if so, define the variability in the SOV.

3) Page 2, Benefits Chart - The variability seems to show that changes in the daily maximum are the only decreases which will be offered in conjunction with Option 2. Please confirm if the company intends to offer additional benefit reductions.

4) Page 3, paragraph 1 - For compliance with 14VAC5-200-75 D.2.b, the disclosure that all options available may not be of equal value should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it.

Objection 9

- Policyholder Notification Letter, (Form)

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Comments: 1) Please confirm all items to be included in the policyholder mailings. If additional documents are to be included beyond the Policyholder letter and Change Form, they must be included in the filing. For example, the Policyholder Letter refers to "either of the enclosed election forms". Previously approved forms may be provided under the Supporting Documents tab.

2) Any enclosures to be included in the mailing should be specified under "Enclosure" on page 3 if not variable, or clearly defined in the SOV, if variable. For example, the referenced envelope should be listed under Enclosure.

3) Please define the variable items included after the "cc" on page 3 in the SOV.

Objection 10

- Policyholder Notification Letter, (Form)
- Statement of Variability (Supporting Document)

Comments: We note that variable information is indicated using several different style brackets. Any information appearing in the form that is considered variable and subject to change must be bracketed to denote variability. Each variable item must be denoted in square [] brackets. Use of another character may be requested with an explanation and must be consistently used throughout the documents.

Other issues the company may want to address include whether phone numbers, website addresses and signatures should be variable.

Additional guidance on variability can be found at in the Variability Guidance Document which can be found at <https://scc.virginia.gov/getattachment/b555e2b1-ae4a-46f9-842b-af48415410fb/varguide.pdf>.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/27/2021
Submitted Date	04/27/2021
Respond By Date	05/27/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Thank you for attaching the updated Rate Request Summary. Please make one additional revision to the document: the company name should reflect the full licensed company name (The Cincinnati Life Insurance Company).

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/06/2021
Submitted Date	04/06/2021
Respond By Date	05/05/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CLIC Response to 3-5-21 Objection (Supporting Document)

Comments: 1) Thank you for attaching the updated Rate Request Summary, however, some of the information on the previous version of the summary did not appear on the revised version:

- Please include the Product Name for LTC-100
- Please complete the Outlook for Future Rate Increases column for all Form Numbers
- Please attach the summary narrative (was on page 2 in the previous version).

2) The updated Rate Request Summary should be attached under the heading Long Term Care Insurance Rate Request Summary on the Supporting Documentation tab.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/22/2021
Submitted Date	03/22/2021
Respond By Date	04/21/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: 1.Please provide the active life reserve balance as of the projection date corresponding to the nationwide split by pre-stability and post-stability policies.

2.Please provide the A/E analysis for current morbidity, mortality and lapse assumptions.

3.Please provide an exhibit comparing current and original assumptions.

4.Please provide the actual claim count and discussion of credibility underlying the morbidity assumption.

5.Please indicate whether the assumptions contain any margins for adverse deviations.

6.Pursuant to 14VAC5-200-185 D.3., this 100% rate increase request would trigger the contingent benefit upon lapse for all policies. Please respond how the company plans to comply with 14VAC5-200-153 G.1.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/05/2021
Submitted Date	03/05/2021
Respond By Date	04/04/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CLIC Response to 1-28-21 Objection (Supporting Document)

Comments: It appears the revised Rate Request Summary referenced in the response to Objection 4 was not attached.

Please attach the updated Rate Request Summary.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/28/2021
Submitted Date	01/28/2021
Respond By Date	02/27/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: In the actuarial exhibits submitted 1/27/2021, two exhibits which had previously been attached were left off. Please reattach the Actual to Expected analysis and the Rate History Increase by State.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: There are several corrections to the Actuarial Memorandum which were previously made which did not show up in the version attached 1/27/21. Please make the following revisions:

- 1) Section 2 - the form numbers do not match the Affected Form Numbers on the Rate/Rule Schedule.
- 2) Section 16 - please revise the exhibit to show pre and post stability separately.
- 3) Section 19 - please revise the exhibit to show pre and post stability separately.
- 4) Section 20 - in the previous version this section was labeled Rate Stabilization. The exhibit with the 58%/85% test should reflect only the post stability policies.
- 5) Section 21 - Please update the actuarial certification for compliance with 14VAC5-130-70 B 14 (premiums reasonable in relation to the benefits provided) and 14VAC5-200-153 B 2.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: The last sentence of Section 3 of the Actuarial Memorandum says: A contingent benefit upon lapse rider has been provided to all insureds. This statement seems to conflict with several of the objection responses:

- In the response to objection 5 dated 12/16/20, the company says: Cincinnati Life Insurance Policies do not have contingent benefit upon lapse option.

- In response #1 submitted 10/1/2020, the company indicated Rider Form LTC-312-VA (1/02), the Contingent Benefit Upon Lapse rider, has been removed from the Affected Form Numbers as there are currently no Virginia policies with this rider.

Please clarify these discrepancies.

Objection 4

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please update the Form Numbers to be consistent with the Affected Form Numbers under the Rate/Rule Schedule.

Conclusion:

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention.

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/29/2020
Submitted Date	12/29/2020
Respond By Date	01/28/2021

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: The company has stated that it is requesting a lower rate increase than required by 14VAC5-200-153 B 2. If the company cannot certify that no further rate increases are anticipated, then what loss ratio does the company intend to target for these forms?

Objection 2

- CLIC Response to 20201117 Objection (Supporting Document)

Comments: Regarding the response submitted 12/17/20, please provide separate experience projections for the pre-stability and post-stability blocks (Objection #4, Items 2, 5 and 10).

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention.

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/17/2020
Submitted Date	11/17/2020
Respond By Date	12/17/2020

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)
- CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

Comments: Please move the revised Actuarial Memorandum to the section L&H Actuarial Memorandum. It is currently included as part of the objection response document.

Objection 2

- CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

Comments: Please attach the policyholder notification letter as a separate form under the Form Schedule tab. Any variable data in the letter must be denoted in square brackets [] and clearly explained in a Statement of Variability which is attached under supporting documents. Guidance on variability can be found at <https://scc.virginia.gov/getattachment/b555e2b1-ae4a-46f9-842b-af48415410fb/varguide.pdf>.

Objection 3

- Long Term Care Insurance Rate Request Summary (Supporting Document)
- CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

Comments: Please move the revised Long Term Care Insurance Rate Request Summary from the CLIC Response to the Long Term Care Insurance Rate Request Summary section.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please advise if the actuarial assumptions associated with the rate increase request are consistent with the assumptions embedded in the most recent asset adequacy testing. If not, either make the appropriate revisions or explain any discrepancies.

2. Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction. Provide a copy of all projections in Excel with working formulas.

3. Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.

4. Please advise in which states the company has requested rate increases on this block and describe how the rate changes requested in Virginia compare with those in other states, along with a listing of the status of the rate reviews in those other states.

5. Please provide a loss ratio projection (both past and future) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

of business.

6. Please state the lifetime loss ratio anticipated in the original filing.

7. Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.

8. What steps have been taken to minimize rate increases on this block of business?

9. For compliance with 14VAC5-130-70 B.1, include the issue age range in the Actuarial Memorandum.

10. Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please update the actuarial memorandum for compliance with 14VAC5-200-153 B.3 b, c, d and f.

2. How does the company plan to comply with 14VAC5-200-153 G.1.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention.

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/01/2020
Submitted Date	09/01/2020
Respond By Date	10/01/2020

Dear Sheana Roginski,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Proposed Rates, [LTC-100-VA (4/99)] (Rate)

Comments: 1) Since this filing is for a rate revision, please change the Rate Action from New to Revised and complete the Rate Action Information.

2) Include the state filing tracking number for the original filing, if available, and attach a copy of the originally approved filing under Supporting Documentation.

3) Please include all applicable Form and Rider numbers under Affected Form Numbers. The form numbers are inconsistent between the Rate/Rule Schedule, the Actuarial Memorandum and the most recent Annual Rate Report filings (LTCG-132001102 and LTCG-132000962).

4) Please confirm if the rates associated with Rider Form LTC-312-VA (1/02) are attached under the Rate/Rule Schedule.

Objection 2

Comments: 1) In order to determine compliance for policies issued prior to 10/1/2003 as set forth in 14VAC5-200-150, and those issued on or after 10/1/2003 as set forth in 14VAC5-200-153, please break out the number of policies accordingly as well as providing separate exhibits illustrating experience and projections.

2) Are there any partnership policies outstanding in the Virginia block?

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please update the actuarial certification for compliance with 14VAC5-130-70 B 14 (premiums reasonable in relation to the benefits provided) and 14VAC5-200-153 B 2.

2) Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

3) We note that the Company reported that the premium rates were insufficient in the Annual Rate Reports submitted for CY 2015 - 2018. Please explain why a rate increase request has not been filed prior to this time.

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Objection 4

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: 1) Please include the full company name ("The" Cincinnati Life Insurance Company).

2) Please complete the Product Name and Outlook for Future Rate Increases sections.

3) Please attach a narrative to the Rate Summary in easy to understand, consumer-friendly language, so that any person reviewing this filing would understand the reason for the rate increase and its driving factors. Below is an example of what we would consider user friendly language:

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily cancels their policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Objection 5

Comments: Per 14VAC5-200-75, please provide a premium increase notification letter under the Form Schedule for our review.

- A Statement of Variability should be provided, as necessary, and placed under the Supporting Documentation section.
- Any attachments, FAQ, or other documents included in the policy holder notification mailing should also be provided in the Supporting Documentation section.
- After our review, a John Doe letter will be requested demonstrating the final example of how the letter will appear to a policy/certificate holder.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention.

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Sincerely,
Colleen Moore

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/07/2023
Submitted Date	04/07/2023

Dear Colleen Moore,

Introduction:

Good Afternoon Colleen,

Response 1

Comments:

Please see attached response CINLIFE VA Response to Obj 20230403.

Related Objection 1

Applies To:

- CINLIFE VA Response to Obj 20230315 (Supporting Document)

Comments: Several of the changes requested in the 3/15/23 objection were not included in Amendment submitted 3/28/23:

- 1) The company was asked to revise the dates on the Coverage Decrease Election Form and the Paid-Up Status Election Form to be variable rather than "April 1, 2023" and define the variable terms in the SOVs. The variable term [DATE] was added and defined in the SOVs but the 2 election forms still say "April 1, 2023" in the upper right-hand corner. Please change them to be the variable term [DATE].
- 2) Please attach updated John Doe documents for the 2 election forms reflecting the final version under Supporting Documentation.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Coverage Decrease Election Form.pdf	Date Submitted: 04/07/2023 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 2 - Coverage Decrease Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
2	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form.pdf	Date Submitted: 04/07/2023 By: Cindy Stubblefield
Previous Version								
2	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 4 - Paid-Up Status Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
2	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Coverage Decrease Election Form.pdf	Date Submitted: 04/07/2023 By: Cindy Stubblefield
							<i>f</i>	<i>Stubblefield</i>
<i>Previous Version</i>								
2	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Paid-Up Status Election Form_Revised.pdf</i>	<i>Date Submitted: 06/06/2022 By: Cindy Stubblefield</i>
<i>Previous Version</i>								
2	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf</i> <i>Obj 1.1 - Statement of Variability_Schedule.pdf</i> <i>Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf</i> <i>Obj 1.1 - Statement of Variability_Schedule.pdf</i> <i>Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	John Doe versions of forms - Obj 6
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf Coverage Decrease Election Form_John Doe.pdf Paid-Up Status Election Form_John Doe.pdf
Previous Version	
Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf</i> <i>Obj 1.1 - Statement of Variability_Schedule.pdf</i> <i>Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	John Doe versions of forms - Obj 6
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf Coverage Decrease Election Form_John Doe.pdf Paid-Up Status Election Form_John Doe.pdf
Previous Version	
Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20230403
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230403.pdf

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Cindy Stubblefield

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/15/2023
Submitted Date 03/15/2023

Dear Colleen Moore,

Introduction:

Good afternoon,

Response 1

Comments:

Please withdraw this filing.

Related Objection 1

Applies To:

- Statement of Variability (Supporting Document)
- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)
- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: Thank you for including the date on the Coverage Decrease and Paid Up Status election forms. We note that the date was not marked as variable. Since this data will match the date on the Policyholder Notification Letter and therefore will vary depending on when the letters are prepared, please mark the date as variable and define the date in the corresponding SOV's.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Please withdraw this filing.

Related Objection 2

Applies To:

- Statement of Variability (Supporting Document)

Comments: Please attach John Doe versions of LTC-100-VA1, LTC-100-2 (4/99) and LTC-100-1 (4/99) under Supporting Documentation.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Thank you,
Cindy
Sincerely,
Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/23/2023
Submitted Date	02/28/2023

Dear Colleen Moore,

Introduction:

Good afternoon,

Response 1

Comments:

A copy of the approved LTC-100-VA (4/99) is attached on the "Supporting Document" tab.

Related Objection 1

Comments: Policy form LTC-100-VA (4/99) was originally approved prior to SERFF. Therefore, please attach a copy of the approved policy.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Obj 5 - Form LTC100 VA1.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Form LTC100 VA1 Revised 05092022.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage	LTC-100-2 (4/99)	OTH	Initial			Obj 2 - Coverage	Date Submitted:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
	Decrease Election Form						Decrease Election Form.pdf	02/28/2023 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 4 - Paid-Up Status Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf
Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20230215
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230215.pdf

Response 2

Comments:

Please see revised form.

Related Objection 2

Applies To:

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

Comments: Please revise the references to "30 days from the date of this letter" to reflect 45 days, for consistency with the policyholder letter.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Obj 5 - Form LTC100 VA1.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Form LTC100 VA1 Revised 05092022.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage	LTC-100-2 (4/99)	OTH	Initial			Obj 2 - Coverage	Date Submitted:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
	Decrease Election Form						Decrease Election Form.pdf	02/28/2023 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 4 - Paid-Up Status Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf
Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20230215
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230215.pdf

Response 3

Comments:

Please see updated John Doe sample.

Related Objection 3

Applies To:

- Policy Holder Notification Letter (Supporting Document)

Comments: 1) In the John Doe sample notification letter, the letter is dated 1/1/2023 and the effective date of the rate change is 6/30/2023. The policyholder is given 45 days from the date of the letter to return the change forms. Please confirm if mailing the notice of increase 6 months prior to the effective date would be your normal procedure.

2) Please update the John Doe samples as needed to reflect the current versions.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Obj 5 - Form LTC100 VA1.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Form LTC100 VA1 Revised 05092022.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage	LTC-100-2 (4/99)	OTH	Initial			Obj 2 - Coverage	Date Submitted:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
	Decrease Election Form						Decrease Election Form.pdf	02/28/2023 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 4 - Paid-Up Status Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf
Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20230215
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230215.pdf

Response 4

Comments:

Please see revised forms.

Related Objection 4

Applies To:

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)
- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

Comments: Both the Paid-Up Status Election Form and the Coverage Decrease Election Form include a response date that is no later than XXX days from "the date of this letter". While these forms may be included when the policyholder notification letter is sent out, they are separate documents from the letter. Therefore, the election forms themselves should be dated and refer to the date of "this form", rather than the date on the notification letter.

Changed Items:

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Obj 5 - Form LTC100 VA1.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Form LTC100 VA1 Revised 05092022.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage	LTC-100-2 (4/99)	OTH	Initial			Obj 2 - Coverage	Date Submitted:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
	Decrease Election Form						Decrease Election Form.pdf	02/28/2023 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 4 - Paid-Up Status Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20230215
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230215.pdf

Response 5

Comments:

Please see revised form.

Related Objection 5

Applies To:

- Policy Letter Address Change, LTC-100-VA1 (Form)

Comments: 1)The Policy Letter Address Change Form instructs insureds to submit a revised address via mail. Are policyholders also able to update their address on the website or via phone?

2)We note that the phone number on the address change letter is different than the 800 number in the notification letter. Please confirm the phone number.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Obj 5 - Form LTC100 VA1.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Form LTC100 VA1 Revised 05092022.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage	LTC-100-2 (4/99)	OTH	Initial			Obj 2 - Coverage	Date Submitted:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
	Decrease Election Form						Decrease Election Form.pdf	02/28/2023 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 4 - Paid-Up Status Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20230215
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230215.pdf

Response 6

Comments:

Please see revised forms.

Related Objection 6

Applies To:

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)
- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)
- Policyholder Notification Letter, LTC-100-VA (Form)

Comments: We note that the Policyholder Notification Letter instructs insureds to return the applicable election form within a certain number of days. The election forms themselves refer to a postmark date. For clarity and consistency, please revise the notification letter to indicate the postmark date.

Changed Items:

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Obj 5 - Form LTC100 VA1.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Form LTC100 VA1 Revised 05092022.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage	LTC-100-2 (4/99)	OTH	Initial			Obj 2 - Coverage	Date Submitted:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
	Decrease Election Form						Decrease Election Form.pdf	02/28/2023 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 4 - Paid-Up Status Election Form.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 02/28/2023 By: Cindy Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
Previous Version	
Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf

Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20230215
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230215.pdf

Conclusion:
 Thank you
 Cindy
 Sincerely,
 Cindy Stubblefield

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/26/2023
Submitted Date	01/26/2023

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

Please see attached CINLIFE VA Response to Obj 20221228

Related Objection 1

Applies To:

- Statement of Variability (Supporting Document)

Comments: It does not appear that the SOV definition for "DATE" on page 1 was revised in the response to Objection 3 submitted 12/21/22. The wording still defines the term as "The date the notification letter will be sent to policyholders" and indicates the range is: "To be determined but will be at least 75 days prior to the date of increase to be in compliance with 14VAC5-200-75 D."

For compliance with 14VAC5-200-75 D, the policyholder must receive the notice at least 75 days prior to the implementation of the rate increase. Therefore, the statement that the letter will be sent to PH's at least 75 days prior to the date of the increase does not comply with the regulation. Please specify what steps the company will take to ensure that policyholders will receive the letter at least 75 days ahead of time. For example, mailing the letters 90 days prior to the effective date.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CINLIFE VA Response to Obj 20221228
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221228.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CINLIFE VA Response to Obj 20221228
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221228.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CINLIFE VA Response to Obj 20221228
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221228.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
Previous Version	
Satisfied - Item:	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

Response 2

Comments:

Please see attached CINLIFE VA Response to Obj 20221228

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Related Objection 2

Applies To:

- Policyholder Notification Letter, LTC-100-VA (Form)

Comments: Re: John Doe letter

1) Please move the John Doe letter to supporting documentation.

2) We continue to have concerns about the due dates for policyholders (PH's) to notify the company of their decisions. In the response to Objection 6 dated 12/20/22, the company indicated the John Doe version had been updated to reflect a more realistic date of the letter. In the updated letter, the letter date is January 1, 2023. The PH is given 30 days to respond to the letter, which means the response must be mailed by 1/31/23. Assuming 5-10 days for the PH to receive the letter, this timeline allows PH's, many of whom are elderly, only 20 - 25 days to make very significant decisions about their coverage which may involve discussing the issues with family members or other advisors. We note that this will be the first rate increase on these forms so PH's have not been through this decision-making process before. The effective date of the increase in the revised John Doe letter is 6/30/2023. Assuming the mail transit time for the PH's response would not exceed 10 days, this means the company should receive the PH request by 2/10/23, approximately 140 days (roughly 4.5 months) prior to the implementation date.

a. Please specify how much lead time the company needs to implement a change in coverage.

b. Please specify what happens if the PH mails the Coverage Decrease Election Form more than 30 days following the mailing date of the letter.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf	Date Submitted: 01/26/2023 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
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1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CINLIFE VA Response to Obj 20221228
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221228.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CINLIFE VA Response to Obj 20221228
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221228.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Statement of Variability</i>
Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
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Product Name:	LTC 2020 Rates		
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Satisfied - Item:	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Statement of Variability</i>
Comments:	
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Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policy Holder Notification Letter</i>
Comments:	
Attachment(s):	<i>Policy Holder Notification Letter.pdf</i>

Conclusion:

Thank you

Cindy

Sincerely,

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Cindy Stubblefield

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/21/2022
Submitted Date	12/21/2022

Dear Colleen Moore,

Introduction:

Good Afternoon,

Response 1

Comments:

Please see revised Policyholder Notification Letters

Related Objection 1

Applies To:

- Policyholder Notification Letter, LTC-100-VA (Form)

Comments: Please include the Policy Letter Address Change in the listing of Enclosures (marked as variable and explained in the SOV if it will not be included with every letter).

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

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1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
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1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
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1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski

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Product Name:	LTC 2020 Rates		
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<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>LLR Exhibit - 25PctRI w RS Split.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
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Supporting Document Schedule Item Changes	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit II.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Satisfied - Item:	Statement of Variability

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Response 2

Comments:

The older version of the SOV for the Decrease Confirmation Form has been removed.

Related Objection 2

Applies To:

- Statement of Variability (Supporting Document)

Comments: There are 2 copies of the SOV for the Decrease Confirmation Form included in this section. Please remove the older version and include only the updated version (labeled as Obj 4.1 - 4.2)

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>LLR Exhibit - 25PctRI w RS Split.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf</i>
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<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i>
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Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>LLR Exhibit - 25PctRI w RS Split.pdf</i>
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Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Attachment(s):	<i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit II.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Satisfied - Item:	Statement of Variability

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
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Satisfied - Item:	Statement of Variability
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Satisfied - Item:	Statement of Variability
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Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Response 3

Comments:

Please see revised SOV

Related Objection 3

Applies To:

- Statement of Variability (Supporting Document)

Comments: SOV for CLIC Policyholder Notification Letter, Page 1 - the variable term DATE is defined as the date the notification letter will be sent to policyholders.

Please note that for compliance with 14VAC5-200-75 D 3, the policyholder should receive the notice at least 75 days prior to the implementation of the rate increase. Please update the Range in the SOV accordingly.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
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Comments:	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Satisfied - Item:	Statement of Variability

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Response 4

Comments:

Please see revised SOV

Related Objection 4

Applies To:

- Statement of Variability (Supporting Document)

Comments: RE: the SOV for the Policy Holder Notification Letter

Please remove the wording "but excluding any waived premiums" from the Range section for \$POOL. The wording "but excluding any waived premiums" is not found in 14VAC5-200-185 E.3, nor is it found in the CBUL rider.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
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Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit II.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i>
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Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Satisfied - Item:	Statement of Variability

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
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Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
Previous Version	
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Comments:	
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Satisfied - Item:	Statement of Variability
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Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
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Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Response 5

Comments:

Please see clarification on attached CINLIFE VA Response to Obj 20221129

Related Objection 5

Applies To:

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)
- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)
- Policyholder Notification Letter, LTC-100-VA (Form)

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Comments: We would like some clarification about the response deadlines for Options 2 and 3. Currently the Policyholder Notification letter includes 2 response deadlines:

- 30 days from the date of the letter for Option 2 (reducing coverage)*
- 120 days from the date of the letter for Option 3 (electing the paid up option)*

The letter does not explain the purpose of the deadlines or how the company will handle requests received after the deadline.

In the objection response letter submitted 3/31/22 (Objection 5, parts 4) the company indicated that, while policyholders can reduce their coverage level at any time, the 30 days from the date of the letter deadline for option 2 was included so that the billing invoice would be correct. A similar response was made in part 5 regarding the 120 days from the date of the letter deadline for option 3.

The company also indicated that all PHs will be offered a CBUL and that it will be administered in accordance with the rider. The rider indicates that the offer can be selected at any time during the 120-day period following the due date of the premium increase.

Please clarify the following:

1)If the purpose of both of the due dates is so that the renewal billing will be correct, please explain why there are 2 different deadlines for the options.

2)For clarity for the insureds, please include an explanation of the deadlines in the PH notification letter.

a.For example, the wording for Option 2 could indicate that while their coverage level can be reduced at any time, the form should be returned no later than 30 days from the date of the letter so that the renewal billing invoice will be correct.

b.For Option 3, the wording should indicate that this option can be selected up to 120-days following the due date of the premium increase, but the form should be returned no later than XXX for the coverage to be updated by the renewal date.

3)Similar explanations can be included on the election forms.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>LLR Exhibit - 25PctRI w RS Split.pdf</i>
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<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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<i>Previous Version</i>	
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Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Satisfied - Item:	Statement of Variability

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
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Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
Previous Version	
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Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Response 6

Comments:

Please see explanation provided in CINLIFE VA Response to Obj 20221129

Related Objection 6

Applies To:

- John Doe versions of forms - Obj 6 (Supporting Document)

Comments: Re: John Doe

The purpose of the John Doe policyholder notification package is to demonstrate how the letters will be used in conjunction with this filing. The John Doe letter shows a mailing date of October 19, 2022 and an effective date of the increase of 6/30/2023. The letter indicates the election form for Option 2 must be returned no later than 30 days from the date of the letter (11/18/22) and the form for Option 3 must be returned no later than 120 days from the date of the letter (2/16/2023).

Please explain the following:

- 1) The 8-month difference between the mailing date and the effective date in this example.
- 2) Why would the deadline to request to reduce benefits be over 7 months prior to the effective date?
- 3) Why is the deadline to request the paid up policy 4.5 months prior to the effective date?
- 4) In this example, please explain the purpose of the different response dates for the 2 options.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
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1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
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1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
<i>Previous Version</i>	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
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Comments:	
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Comments:	
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<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i>
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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Satisfied - Item:	Statement of Variability

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Response 7

Comments:

Please see revised Actuarial Memorandum.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the actuarial certification in Section 22 as follows:

- 1) Regarding the post stability block, the company has indicated the premium rate increase which would be needed to make the certification required in 14VAC5-200-153 B.2. Please also specify that the premium rate filing is in compliance with all other requirements of this section.
- 2) Please note that the certification requirement regarding the premiums being reasonable in relation to benefits in 14VAC5-130-70 applies to the pre-stability block. The certification references the business under the 58/85 loss ratio threshold, which is the post-stability block. Please revise accordingly.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf, Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 12/21/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit II.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Satisfied - Item:	Statement of Variability

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/17/2022
Submitted Date	10/17/2022

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

Please see attached CINLIFE VA RESPONSE TO Obj 20220919

Related Objection 1

Applies To:

- Statement of Variability (Supporting Document)
- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: The Statement of Variability for the Paid Up Status Election Form defines the variability for the term "\$POOL" as the greater of total cumulative premiums paid since inception prior to any changes in benefits or 30 times the Nursing Home Care Daily Maximum. The reference to premiums paid prior to any changes in benefits is inconsistent with the wording in the CBUL document, Form LTC-312-VA (1/02), where it says "100% of all premiums paid for the policy and any attached rider, including premium paid prior to any change in benefits". It is also inconsistent with the * definition on the Paid-Up Status Election Form. Please explain or remove the reference to "prior to any changes in benefits".

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20210706 - Statement of Variability.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20201117 - Statement of Variability.pdf				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf

Response 2

Comments:

Please see attached CINLIFE VA RESPONSE TO Obj 20220919

Related Objection 2

Applies To:

- Policyholder Notification Letter, LTC-100-VA (Form)
- Statement of Variability (Supporting Document)

Comments: Page 2, Option 1 Section

The new modal premium appears to be referenced in the letter as [\$RIMODPREM] in the verbiage, and [\$RIMODPREM1] in the chart. Only [\$RIMODPREM1] is defined in the SOV. Please revise the letter and SOV as needed so that the variable wording for the new modal premium is consistent.

Changed Items:

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20210706 - Statement of Variability.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20201117 - Statement of Variability.pdf				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf

Response 3

Comments:

Please see attached CINLIFE VA RESPONSE TO Obj 20220919

Related Objection 3

Applies To:

- Statement of Variability (Supporting Document)
- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

- Comments: 1) The 2nd item on the SOV indicates SDGALFMDB. Should this be \$DGALFMDB?
- 2) The SOV includes definitions for LIFE_ADDRESS2, LIFE_CITY, LIFE_STATE, and LIFE_ZIP, but those terms do not appear in the form. Please resolve this discrepancy.
- 3) Please define the variable term [POL_NO] in the SOV.
- 4) We note that the type for the variable Premium/Premium Mode amount appears to be smaller than the other type on the page. Please confirm the type meets the minimum 10 pt. standard.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20210706 - Statement of Variability.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20201117 - Statement of Variability.pdf				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf

Response 4

Comments:

Please see attached CINLIFE VA RESPONSE TO Obj 20220919

Related Objection 4

Applies To:

- Coverage Decrease Confirmation Form Letter (Supporting Document)

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Comments: We note some inconsistencies between the variability in the Coverage Decrease Confirmation document and the variability in the policyholder notification letter. Please address the following:

- 1) Under the signature box, the Coverage Decrease Confirmation document includes the variable [grp_program]. The signature box itself is not variable. The corresponding item on the policyholder notification letter (The Cincinnati Life Insurance Company) is not variable. Please revise for consistency between the 2 documents and adjust the SOV as needed.*
- 2) The agent name and address information in the "cc:" was removed from the policyholder notification letter. This document still includes that information. We would expect the inclusion or exclusion of an agent's name and address to be consistent between documents. Please explain why this document includes variability for the agent information while the letter does not.*

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20210706 - Statement of Variability.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20201117 - Statement of Variability.pdf				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf

Response 5

Comments:

Please see attached CINLIFE VA RESPONSE TO Obj 20220919

Related Objection 5

Applies To:

- Coverage Decrease Confirmation Form Letter (Supporting Document)
- Statement of Variability (Supporting Document)

Comments: The SOV includes definitions for the variable items grp_cs_phone and grp_cs_hours. There are no corresponding variable items in the Coverage Decrease Confirmation document. Please resolve this discrepancy.

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20210706 - Statement of Variability.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20201117 - Statement of Variability.pdf				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf

Response 6

Comments:

Please see attached CINLIFE VA RESPONSE TO Obj 20220919

Related Objection 6

Applies To:

- Policy Letter Address Change, LTC-100-VA1 (Form)
- Policyholder Notification Letter, LTC-100-VA (Form)
- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)
- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

Comments: Please attach John Doe versions of the forms under Supporting Documentation sufficiently completed to illustrate how they are intended to be used in conjunction with this filing.

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Changed Items:

SERFF Tracking #:

GRJR-132365687

State Tracking #:

GRJR-132365687

Company Tracking #:

LTC 2020 RATES

State: Virginia

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC 2020 Rates

Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 3.4 - Coverage Decrease Election Form.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
Previous Version								

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 10/17/2022 By: Cindy Stubblefield
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Previous Version	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20210706 - Statement of Variability.pdf				
Previous Version					
Satisfied - Item:	Statement of Variability				
Comments:					
Attachment(s):	Objection 20201117 - Statement of Variability.pdf				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Decrease Confirmation Form Letter</i>
Comments:	
Attachment(s):	<i>Obj 3.1 - Coverage Decrease Confirmation Letter.pdf</i>
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Coverage Decrease Election Form_John Doe.pdf Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Paid-Up Status Election Form_John Doe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf

Conclusion:
 Thank you
 Cindy
 Sincerely,
 Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/18/2022
Submitted Date	08/18/2022

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

Please see response in CINLIFE VA Response to Obj 20220719.

Related Objection 1

Applies To:

- Schedule, Form LTC-100-VA (4/99) (Form)
- Coverage Decrease Confirmation Form Letter, Form LTC-100-VA-3 (4/99) (Form)

Comments: 1) In the response to objection 1 submitted 6/6/2022 the company indicated the Schedule was filed as a paper filing and approved 11/10/99. Since this form has previously been approved, please move it from the Form Schedule to Supporting Documentation. Please also attach a copy of the SOV which applies to this form.

2) In the response to objection 2 submitted 6/6/2022 the company indicated the Coverage Decrease Confirmation Form Letter would not become part of the policy and therefore would be moved to supporting documentation, however the document is still included under the Form Schedule tab. Please move it to Supporting Documentation.

3) If there are any other forms which will be used to amend a policy when an insured chooses to reduce their benefit level, please include copies under Supporting Documentation and provide the date and filing number when the document was approved.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial			Form LTC-100-VA-3 499 Coverage Decrease Confirmation Letter.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other			VIRGINIA LTC-100-VA 499 Schedule .pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
							f	Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Paid-Up Status Election Form_Revised.pdf</i>	<i>Date Submitted: 06/06/2022 By: Cindy Stubblefield</i>
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Response 2

Comments:

Please see response in CINLIFE VA Response to Obj 20220719.

Related Objection 2

Applies To:

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)
- Statement of Variability (Supporting Document)

Comments: 1) Please remove the wording "but excluding any waived premiums" from the Range section for \$POOL as previously addressed in Objection 3, #6, in the Objection Letter sent 6/6/2022.

2) Please define the variable item [EFFDT] in the SOV.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial			Form LTC-100-VA-3 499 Coverage Decrease Confirmation Letter.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other			VIRGINIA LTC-100-VA 499 Schedule .pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
							f	Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Paid-Up Status Election Form_Revised.pdf</i>	<i>Date Submitted: 06/06/2022 By: Cindy Stubblefield</i>
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Response 3

Comments:

Please see response in CINLIFE VA Response to Obj 20220719.

Related Objection 3

Applies To:

- Statement of Variability (Supporting Document)

Comments: SOVs are included for "Decrease Confirmation Form" and "Decrease Confirmation Letter". They are very similar.

- 1) Please clarify which documents these apply to. There is one document named "Coverage Decrease Confirmation Form Letter."
- 2) Both these SOVs appear to include variable references which refer to groups. Please explain as this is an individual rate filing.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial			Form LTC-100-VA-3 499 Coverage Decrease Confirmation Letter.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other			VIRGINIA LTC-100-VA 499 Schedule .pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
							f	Stubblefield
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Paid-Up Status Election Form_Revised.pdf</i>	<i>Date Submitted: 06/06/2022 By: Cindy Stubblefield</i>
<i>Previous Version</i>								
4	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Response 4

Comments:

Please see response in CINLIFE VA Response to Obj 20220719.

Related Objection 4

Applies To:

- Coverage Decrease Election Form, LTC-100-2 (4/99) (Form)

Comments: Several of the revisions indicated in the response to Objection 6 submitted 6/6/22 do not appear to have been made:

- 1) Please revise the form number to match the number in the Form Schedule - LTC-100-2 (4/99) rather than LTC-100-2 4/99).*
- 2) Please attach an SOV for this form under Supporting Documentation.*
- 3) The phone number included on the form is a nonworking number. Please revise.*

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial			Form LTC-100-VA-3 499 Coverage Decrease Confirmation Letter.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other				Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
2	Schedule	Form LTC-100-VA (4/99)	SCH	Other			VIRGINIA LTC-100-VA 499 Schedule .pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Obj 4 - Coverage Decrease Election Form.pdf	Date Submitted: 08/18/2022 By: Cindy Stubblefield
Previous Version								
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Obj 2 - Paid-Up Status Election Form_Revised.pdf	Date Submitted: 08/18/2022 By: Cindy

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial				Date Submitted: 08/18/2022 By: Cindy Stubblefield
							f	Stubblefield
<i>Previous Version</i>								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Objection 20210706 – Paid-Up Status Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf

Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
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Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
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Satisfied - Item:	<i>Statement of Variability</i>
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Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Satisfied - Item:	Statement of Variability
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Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 3.1 - Coverage Decrease Confirmation Letter.pdf

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/09/2022
Submitted Date	06/06/2022

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

Schedule has been attached under "Forms tab". The schedule was filed as a paper filing, approved on November 10, 1999.

Related Objection 1

Comments: In the response to objection 6 submitted 3/31/22, the company references the attached "Form LTC-100-VA Schedule.pdf". This form does not appear to have been attached to the response. Please provide a copy of the form and the date and SERFF filing number (if applicable) where the form was approved for use in Virginia.

Changed Items:

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

- 1) The form will not be part of the policy. The form has been moved to "Supporting Documentation".
- 2) Variable language marking "<< and >>" has been revised to Brackets "[" and "]"
- 3) The full licensed name is now displayed on the form.

Related Objection 2

Applies To:

- Coverage Decrease Confirmation Form Letter, LTC-100-VA-3 (4/99) (Form)

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Comments: 1) The company attached The Coverage Decrease Confirmation Form Letter (LTC-100-VA-3 (4/99) under the Form Schedule tab. This letter is not part of the policyholder notification package which will be sent as notification of the rate change.

- Will this form become part of the policy?
- If not, please move this form to supporting documentation.

2) Please revise the variable language marking from "<<" and ">>" to Brackets "[" and "]" for compliance with 14VAC5-101-80.

3) For compliance with 14VAC5-101-60 2, the full licensed name of the company must be displayed in prominent print on the form.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial			Form LTC-100-VA-3 499 Coverage Decrease Confirmation Letter.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

Please see attached policyholder notification letter "Policy Holder Notification Letter w single Round of RI_revised. The signature block was not marked as variable therefore, the SOV was not revised.

Related Objection 3

Applies To:

- Statement of Variability (Supporting Document)
- Policyholder Notification Letter, LTC-100-VA (Form)

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

- Comments: 1) Page 1, paragraphs 3 and 5 - please revise the references to Virginia's State Corporation Commission to read "the Virginia State Corporation Commission".
- 2) Page 1, Paragraphs 3 and 5 - There are references to the rate increase being compliant with Virginia laws. Please revise these references to say "Virginia laws and regulations", pursuant to 14VAC5-200-75 D.4.
- 3) Page 1, Paragraph 3 - Please change the reference to the "Virginia State Insurance Commission's webpage" to read "Virginia State Corporation Commission's webpage".
- 4) Page 1, Paragraph 5 - We note that the 3rd and 4th sentences conflict ("the same alternative options" vs "similar options".) As the 4th sentence, "In the event of future rate increases, similar options to those listed in this letter may be available" is considered acceptable language to satisfy 14VAC5-200-75, the company may want to delete the 3rd sentence in this paragraph (Future rate increases will come with the same alternative options to minimize the premium increase in the future).
- 5) Page 1, What are my Options - We are concerned that some of the language in this section could be considered overly conversational and can cloud the point you are trying to make. Therefore, we suggest the company combine the two paragraphs and simplify the wording to more clearly address that options will be available. For example:
- We understand how important your long-term care coverage is to you and that you may not be willing or able to pay the higher premium. Therefore, we are offering coverage options to help keep your premium at or near the current level. Please review your existing coverage and the new premium, and consider if you may want to adjust your coverage to reduce your overall premium. When making your decision, please note that your policy may be subject to rate increases in the future.
- 6) Page 2, Option 3 - The wording "but excluding any waived premiums" is not found in 14VAC5-200-185 E.3, nor is it found in the CBUL rider. Therefore, please exclude the reference to waived premiums.
- 7) Page 2, last paragraph - Please delete the sentence "We would like you to consider that the options offered to you in lieu of accepting the rate increase may not be of equal value." as this required notice is already included in bold at the top of the page. The company may also want to simplify this paragraph by combining the first and 3rd sentences: "We realize this offer is complicated and encourage you to call our special toll free number" In addition, the company may want to combine the last 2 sentences to read: "We thank you for your business and look forward to serving you for many years."
- 8) Page 2, last paragraph - The company has indicated you do not want items such as the phone numbers to be variable. We note that the phone number included in the last paragraph (888) 555-1234 appears to be a nonworking number. Please confirm the number and revise as necessary.
- 9) Normally signature blocks are marked as variable in the event of a staffing change. If the company would like to mark the signature block on page 3 as variable, please revise the form as needed and add the variability to the SOV.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI_revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

- 1) The Cincinnati Life Insurance Company has been added to the form.
- 2) "that printed above" has been removed from the form.

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Related Objection 4

Applies To:

- Policy Letter Address Change, LTC-100-VA1 (Form)

Comments: 1) For compliance with 14VAC5-101-60 2, please include the full licensed name of the company on the form.

2) We note that the form says "if your address has changed from that printed above". As this is now a separate form from the letter, the company should delete the reference to "that printed above".

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Form LTC100 VA1 Revised 05092022.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
Previous Version								
1	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

1) The form has not been previously submitted for review.

2) *refers to the decreased total coverage amount. The attached Paid-Up Status Election Form has been updated to reflect this.

3) Statement of Variability - Paid-Up Status Election Form is attached under "Statement of Variability" on Supporting Documentation.

4) The phone number is revised to read 1 (800) 921-9371

Related Objection 5

Applies To:

- Paid-Up Status Election Form, LTC-100-1 (4/99) (Form)

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments: 1) Please confirm if this form has been previously submitted for review in Virginia, and if so provide the date and filing number in which it was approved.

2) In the sentence *Greater of the, what does the * refer to?

3) Please attach an SOV explaining the variable items in this form.

4) The phone number included on the form (1-888-555-1234) appears to not be in service. Please confirm and revise as needed.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form_Revised.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
1	<i>Paid-Up Status Election Form</i>	<i>LTC-100-1 (4/99)</i>	<i>OTH</i>	<i>Initial</i>			<i>Objection 20210706 – Paid-Up Status Election Form.pdf</i>	<i>Date Submitted: 03/31/2022 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf Statement of Variability - Decrease Confirmation Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

Response 6

Comments:

- 1) The form has not been previously submitted for review.
- 2) The form number on the Form Schedule page has been updated.
- 3) The SOV is attached under the Supporting Documentation tab.
- 4) The phone number is revised as well as customer service hours.

Related Objection 6

Applies To:

- Coverage Decrease Confirmation Form Letter, LTC-100-VA-3 (4/99) (Form)

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

- Comments: 1) Please confirm if this form has been previously submitted for review in Virginia, and if so provide the date and filing number in which it was approved.
- 2) Please confirm the form number at the bottom left of the page and revise as necessary. It does not match the form number on the Form Schedule page.
- 3) Please attach an SOV explaining the variable items in this form.
- 4) The phone number included on the form (1-888-555-1234) appears to not be in service. Please confirm and revise as needed.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Confirmation Form Letter	Form LTC-100-VA-3 (4/99)	OTH	Initial			Form LTC-100-VA-3 499 Coverage Decrease Confirmation Letter.pdf	Date Submitted: 06/06/2022 By: Cindy Stubblefield
<i>Previous Version</i>								
1	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/07/2022
Submitted Date	05/05/2022

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

Exhibits A1, A2 and A3 under file name LLR Exhibit - 25PctRI w RS Split are attached.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The updated Actuarial Memorandum submitted 3/7/22 is missing exhibits A1, A2 and A3 which are the loss ratio exhibits with the proposed 25% increase.

Please provide these exhibits.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220407.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220203.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220119.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20211029.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220407.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220203.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220119.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20211029.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Satisfied - Item:	CINLIFE VA Response to Obj 20220406
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220406.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220407.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220203.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220119.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20211029.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	CINLIFE VA Response to Obj 20220406
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220406.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum_Revised.pdf Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum_Revised.pdf Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI_RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum with Exhibits.pdf

Response 2

Comments:

The form numbers on the Rate Request Summary have been revised to match the approved form numbers.

Related Objection 2

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The form numbers on the Rate Request Summary (RRS) should match the approved form numbers. Please include the full form numbers on the RRS. For example: LTC-100-VA (4/99) rather than LTC-100.

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220407.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220203.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220119.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20211029.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/30/2022
Submitted Date	03/31/2022

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

1. The revised policyholder letter is attached under the "Form Schedule" tab with the readability score included.
2. The letter has a readability score of 50.
3. The Coverage Decrease Election Form and Paid-Up Status Election For are attached under the "Form Schedule" tab.
4. The Policy Letter Address Change is added under the "Form Schedule" tab.

Related Objection 1

Applies To:

- Certification of Compliance/Readability (Supporting Document)
- Policyholder Notification Letter, LTC-100-VA (Form)
- Policy Holder Notification Letter (Supporting Document)

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Comments: 1) Please attach the revised Policy Holder Notification letter to the Form Schedule tab and include the readability score.

2) We note that the readability certification indicates a score of 43.8. 14VAC5-101-70 F specifies a minimum of 50. Please revise the letter for compliance. In addition, please indicate on the certification which document(s) it applies to.

3) In supporting Documentation, under the heading CLIC Response to Obj 20210706, the company included a Coverage Decrease Election Form and Paid-Up Status Election Form. All items which will be included in a policyholder notification package should be included under the form schedule, unless they have previously been reviewed by the Bureau. If these items have not previously been submitted to the Bureau, please attach the documents under the form schedule and include a unique form identifying number for each document. Please provide the SERFF # for any forms which have been previously reviewed by the Bureau. All variable items must be defined in a Statement of Variability.

4) We note that the address change reminder section found within the policyholder notification letter is designed to be removed from the letter and returned to the Company. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. While this form can be included in the policyholder notification package, it should be attached under the form schedule with a separate identifying form number.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Objection 20210706 – Paid-Up Status Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
5	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response 2

Comments:

1. Please see the revised statement of variability (Statement of Variability rev.pdf) attached with the variable terms that match the policyholder letter.
2. The Application Form Number is the form number of the policy to which it applies. (e.g. LTC-100 or LTC-120).
3. Please see the revised statement of variability (Statement of Variability.pdf) that includes a revised description for the [Date] term that includes language that the date has yet to be determined but will be at least 75 days prior to the implementation of the increase to be in compliance with 14VAC5-200-75 D.
4. Please see the attached statement of variability (Statement of Variability rev.pdf) that includes [Field_2] through [Field_10] separately with the corresponding definitions.
- 5 -11. Please see the attached revised policyholder notification letter (Policy Holder Notification Letter w single Round of RI.pdf) with the revisions for items (5)-(11) above

Related Objection 2

Applies To:

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Comments: 1)Variable items in the letter should match the variable item defined in the SOV exactly. There are numerous places where the variable wording des not match. For instance, the variable terms EFFDT1 and \$RIPREM1 in the Feature chart on page 1 are included as EFFDT and \$RIPREM in the SOV. Please confirm that the variable terms in the letter and the SOV match exactly.

2)Please explain the purpose of the Application Form Number. How does this differ from the Policy Number?

3)The term [Date] should be clearly defined in the SOV. Policyholders are required to receive notification of an increase at least 75 days prior to the date of the increase (14VAC5-200-75 D). How will the company ensure compliance with this provision?

4)Please define each variable term [Field_2] through [Field_10] in the SOV. The SOV explanation components of the address line does not explain what each term refers to. These items appear to be defined on page 2 of the SOV, however, for compliance with 14VAC5-101-80 D, each explanation of variability shall appear in the same order that it appears on the form.

5)Page 1, Paragraph 1, 1st sentence we are concerned with the phrase has authorized a premium rate increase. The increase is subject to review for compliance with Virginia laws and regulations. Therefore, please revise this wording to reflect that the company is implementing a premium rate increase rather than authorizing one.

6)Page 1, Paragraph 1, 2nd sentence as this letter is notifying policyholders of an increase which will be implemented, please change the reference from this offer to be this letter.

7)It is the Bureaus position that policyholder notifications should be in clear, consumer friendly language which could be understood by an elderly policyholder with little to no insurance experience. Please review paragraphs 2, 3 and 4 in the letter to simplify and clarify the wording. For example, in paragraph 2, the 1st sentence could be simplified to be: It is important to know that all insurance companies periodically review their claims experience and make rate adjustments as allowed in the policies.

8)Page 1, Paragraph 2, 3rd sentence: the phrase in compliant with should be either in compliance with or compliant with.

9)Page 1, Paragraph 2, 4th sentence. Please revise the sentence to read: All premium rate fillings are available for public inspection and may be accessed online through the Virginia State Corporation Commissions webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

10)Page 1, Paragraph 2, last sentence: please add wording explaining the impact of people living longer and keeping policies longer (for example, resulting in higher than expected claim costs.)

11)Page 1, Paragraph 2, last 2 sentences Due to the length of paragraph 2, the company may want to make the last 2 sentences a separate paragraph.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Objection 20210706 – Paid-Up Status Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
5	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Supporting Document Schedule Item Changes

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response 3

Comments:

Please see the attached revised policyholder notification letter (Policy Holder Notification Letter w single Round of RI.pdf) with the revisions for items (1)-(3) above.

Related Objection 3

Applies To:

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

Comments: Page 1, Paragraphs 3 and 4

Paragraph 3 contains some information about future rate increases. Additional information is included in paragraph 4. We find it is less fragmented and easier for a policyholder to follow if the information is included in the same section. For clarity:

1)Please move the last 2 sentences in paragraph 4 to follow the first sentence in Paragraph 3 (The company will continue to monitor experience. Additional rate increases may be necessary .)

2)The last sentence in paragraph 4 and 2nd sentence in Paragraph 3: The reference to may or may not in the sentence Future rate increases may or may not come with the same alternative options to minimize the premium increase in the future is not in compliance with 14VAC5-200-75A 2. In addition, we are concerned that the reference to future rate increases being contingent upon numerous factors may be confusing for policyholders. The company may want to instead use language similar to the following suggested wording: In the event of future rate increases, similar options to those listed in this letter may be available. Future rate increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations.

3)The last 2 sentences in Paragraph 3 are not required to be included in the letter under Virginia regulation (All policyholders affected by future rate increases ..). To simplify this section, the company may want to delete those 2 sentences.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Objection 20210706 – Paid-Up Status Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
5	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response 4

Comments:

Please see the attached revised policyholder notification letter (Policy Holder Notification Letter w single Round of RI.pdf) with the revisions for items (1)-(2) above.

Related Objection 4

Applies To:

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

Comments: Page 1, Paragraph 4

1)For consistency with page 2, please bold the title of this section.

2)Please review this paragraph and revise as needed so that the language is clear and simple. For example, where the letter says We would like to suggest that you consider your existing coverage . it could be simplified to read: We suggest you review your existing coverage

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Objection 20210706 – Paid-Up Status Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
5	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response 5

Comments:

1. Please see the attached revised policyholder notification letter (Policy Holder Notification Letter w single Round of RI.pdf) with this revision.
2. Please see the revised statement of variability (Statement of Variability rev.pdf) as well as the revised policyholder notification letter (Policy Holder Notification Letter w single Round of RI.pdf). These discrepancies have been revised and the variables are now consistent between the two files.
3. All policyholders will be offered the option to reduce coverage and a paid-up option.
4. Coverage decreases can be processed at any time, the request to decrease will be accepted and processed appropriately. It is possible that if not received within the 30 days that an invoice for the increased premiums may be sent, resulting in an updated invoice being required post-change.
5. Requests for CBUL will be processed according to the rider language. Depending on the timing, it is possible that the invoicing may be impacted like the above scenario.
6. The notification letter template to be used for the rate increase is loaded into the admin system as provided by Actuary. Assuming this is consistent with previous rounds, it does not appear that this information is variable.
I agree that it would not change, I do not have any concerns with this.
7. Please see the revised policyholder notification letter (Policy Holder Notification Letter w single Round of RI.pdf) that includes the return envelope under enclosures.
8. We removed these fields as these were in regards to the agent that sold the policy and not the policyholder.
9. These fields have been removed from the attached revised statement of variability (Statement of Variability rev.pdf).

Related Objection 5

Applies To:

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Comments: Page 2, What are my options

- 1)Please delete the 1st sentence as it is included as the first sentence in the previous paragraph.
- 2)The variable term for the effective date is shown as both [EFFDT1] and [EFFDT] on this page. Only EFFDT is defined in the SOV. The current premium is shown as [\$CURMODPREM] in the letter but \$CURMOPREM on the SOV. The new modal premium is shown as [\$RIMODPREM1] in the letter but \$RIMODPREM in the SOV. Please resolve these discrepancies.
- 3)We note that the references to Option 2 and Option 3 are not variable. Please confirm if all policyholders will receive an option to reduce coverage and a paid up option.
- 4)Option 2 in this section policyholders are given 30 days from the date of the letter to return the letter, which with mail time, would give them 20 25 days to make a decision. Please explain how the company will handle change requests which are mailed after the 30-day deadline but received prior to the effective date of the rate increase.
- 5)Option 3 policyholders are given 120 days from the date of the letter to sign and return the election form for a paid up option. The Contingent Benefit Upon Lapse rider says this option may be elected anytime during the 120-day period following the due date of the premium increase. How will the company handle requests mailed after 120 days from the date of the letter but received within the 120-day period following the due date of the premium?
- 6)Please advise if company address, the customer service contact number and hours of operation fields, the email address and signature block in the letter should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.
- 7)The letter refers to an enclosed envelope. Please include the envelope under enclosures.
- 8)Please explain the purpose of the variable items in the cc. These items have been defined as the policyholders name and address and are included at the top of the letter. What is the purpose for them to be repeated at the bottom of the letter.
- 9)On page 2 of the SOV, items Field_13 through Agent-Zip are defined in the SOV but do not appear in the letter. Please resolve this discrepancy.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
2	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Policy Letter Address Change Attachment.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Objection 20210706 – Paid-Up Status Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
5	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	
Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response 6

Comments:

1. The policies on waiver are excluded from the mailing. The Rate Increase would not be applied until after they came off claim. The notification would be sent when premiums are reinstated and the policyholder would be given the same amount of time, per the letter at that time.
2. Please see the attached Statement of Variability - Decrease Confirmation Form.pdf, Coverage Decrease Confirmation Form Letter.pdf and Form LTC-100-VA Schedule.pdf. The schedule was approved with the policy on 11/10/1999. This filing was submitted via paper.
3. A copy of the Contingent Benefit Upon Lapse Rider has been attached under Supporting Documentation. See file Form LTC-312-VA (1/02).pdf.
4. Please see the attached statement of variability (Statement of Variability rev.pdf) that has been revised to reflect the 25% rate increase.

Related Objection 6

Applies To:

- Statement of Variability (Supporting Document)
- Policyholder Notification Letter, LTC-100-VA (Form)

Comments: 1) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase or at the time that they come off claim? How much time does a policyholder have once they come off claim to notify the company of their option selection?

2) Please explain how a policy is updated or amended to reflect any benefit changes an insured may choose to reduce the effects of the rate increase. If the policy is revised in any way, the policyholder must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, or a revised schedule of benefits that was reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval.

3) Please attach a copy of the previously approved Contingent Benefit Upon Lapse Rider under Supporting Documentation.

4) Please confirm the premium ranges included in the SOV reflect the revised 25% increase.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Policy Holder Notification Letter w single Round of RI.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of RI.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield
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3	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Objection 20210706 – Coverage Decrease Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
4	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Objection 20210706 – Paid-Up Status Election Form.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield
5	Coverage Decrease Confirmation Form Letter	LTC-100-VA-3 (4/99)	OTH	Initial			Coverage Decrease Confirmation Form Letter.pdf	Date Submitted: 03/31/2022 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 – Certificate of Compliance & Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf

Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/07/2022
Submitted Date	03/07/2022

Dear Colleen Moore,

Introduction:

Good afternoon,

Response 1

Comments:

Rates for Form LTC-120 have been removed.

Rate sheets do not vary between Pre and Post Rate Stability.

Related Objection 1

Applies To:

- Proposed Rates, [LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)] (Rate)

Comments: 1) The revised rate sheets include proposed rates for policy form LTC-120 which is not included in this filing. Please remove the rate sheets for form LTC-120 from this filing.

2) Please specify on the rate sheets which rate are pre stability and which are post stability.

Changed Items:

No Form Schedule items changed.

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	Rate Sheets.pdf,	03/07/2022 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	25PctRI rates.pdf,	01/21/2022 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 95.3	Proposed Rates 10-29-21.pdf,	12/02/2021 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 75	Proposed Rates 10-29-21.pdf,	10/29/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	02/25/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99),	Revised	Previous State Filing	VA Proposed	10/01/2020

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
		LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)		Number: N/A, Paper Filing Percent Rate Change Request: 100	Rates.pdf,	By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum_Revised.pdf Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum - w 25Pct RI_RSSplitwExhibits.pdf
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
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SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum_Revised.pdf Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx</i>
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Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220203.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220119.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20211029.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Response 2

Comments:

Please see revised Actuarial Memorandum and Exhibits.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)*

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Comments: 1) As this filing includes both Pre- and Post Stability policies, please update the actuarial certification for compliance with:

- 14VAC5-200-153 B 2 for post stability. If the increase is less than needed to certify for the post stability block, refer to the requirements in the last paragraph of 14VAC5-153 B. Some of this language appears to be in Section 20, which is outside the certification. If the increase is less than needed, the certification should disclose what increase would have been needed to certify the filing and state that the filing satisfies all other requirements in this section.

- 14VAC5-130-70 B 14 pre stability (regarding premiums being reasonable in relation to the benefits provided). This had been added in a previous version of the actuarial memorandum but is not in the current version.

2) Please include in the actuarial memorandum a statement for compliance with 14VAC5-200-153 B 3 d. This had been added in a previous version but is not in the current version.

3) In conjunction with submission of the most recent Actuarial Memorandum, Exhibits I - VI, which were used during the actuarial review of this filing, were deleted. Please reattach the following exhibits:

Objection 20201117 - Exhibit V & VI.xlsx

Objection 20201229 - Exhibit I.xlsx

Objection 20201229 - Exhibit III & IV.xlsx

Objection 20201117 - Exhibit II.xlsx

Changed Items:

No Form Schedule items changed.

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	Rate Sheets.pdf,	03/07/2022 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	25PctRI rates.pdf,	01/21/2022 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 95.3	Proposed Rates 10-29-21.pdf,	12/02/2021 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 75	Proposed Rates 10-29-21.pdf,	10/29/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	02/25/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99),	Revised	Previous State Filing	VA Proposed	10/01/2020

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
		LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)		Number: N/A, Paper Filing Percent Rate Change Request: 100	Rates.pdf,	By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
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SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Objection 20201229 - Exhibit III & IV.xlsx</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf
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Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

	<i>Objection 20201229 - Exhibit III & IV.xlsx</i>
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Comments:	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220203.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220119.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20211029.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
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Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Response 3

Comments:

Please see revised Rate Request Summary

Related Objection 3

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please make the following revisions to the Rate Request Summary:

- 1) Include the full licensed company name ("The" Cincinnati Life Insurance Company)
- 2) Complete the SERFF Tracking Number field
- 3) Include all applicable form numbers.
- 4) Include the Product Name, if applicable.
- 5) Complete the Outlook for Future Rate Increases field.
- 6) Attach as page 2 the narrative which had been included in the previous version of the document.

Changed Items:

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

No Form Schedule items changed.

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	Rate Sheets.pdf,	03/07/2022 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	25PctRI rates.pdf,	01/21/2022 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 95.3	Proposed Rates 10-29-21.pdf,	12/02/2021 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 75	Proposed Rates 10-29-21.pdf,	10/29/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	02/25/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99),	Revised	Previous State Filing	VA Proposed	10/01/2020

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
		LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)		Number: N/A, Paper Filing Percent Rate Change Request: 100	Rates.pdf,	By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum_Revised.pdf Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI_RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
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SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
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Attachment(s):	<i>CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf</i>
<i>Previous Version</i>	
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<i>Previous Version</i>	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220203.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20220119.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum_20211029.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/21/2022
Submitted Date	01/21/2022

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

Please see attachments reflecting one-time 25% rate increase.

Related Objection 1

Comments: The Bureau acknowledges your revised request however our initial concerns remain. In addition to other concerns, the company has chosen not to file for an adjustment throughout the life of the policy until now. The requested increase this late in the policy life cycle will not bring the rates materially closer to sufficiency but will have a disproportionate adverse impact on policyholders.

Consequently, the Bureau is prepared to approve a one-time 25% rate increase. In order to accept this change and have your filing approved, please update the filing to reflect the 25% increase, including: the Rate/Rule Schedule tab, updated rate sheets, actuarial memorandum, Rate Request Summary, accompanying exhibits, and policyholder notifications.

Please respond and advise of the companys acceptance or rejection of the Bureaus offer.

Changed Items:

No Form Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	25PctRI rates.pdf,	01/21/2022 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 95.3	Proposed Rates 10-29-21.pdf,	12/02/2021 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 75	Proposed Rates 10-29-21.pdf,	10/29/2021 By: Sheana Roginski
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	02/25/2021 By: Sheana Roginski
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed	07/30/2020

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
					<i>Rates.pdf,</i>	<i>By: Sheana Roginski</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter 25PctRI
Comments:	
Attachment(s):	CLIC VA Cover Letter - 25PctRI.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>10-28-2021 Cover Letter</i>
Comments:	
Attachment(s):	<i>CLIC VA Cover Letter - 3 Rounds.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Cover Letter</i>
Comments:	
Attachment(s):	<i>CLIC VA Cover Letter.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter 25PctRI
Comments:	
Attachment(s):	CLIC VA Cover Letter - 25PctRI.pdf
<i>Previous Version</i>	
Satisfied - Item:	10-28-2021 Cover Letter
Comments:	
Attachment(s):	CLIC VA Cover Letter - 3 Rounds.pdf
<i>Previous Version</i>	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	CLIC VA Cover Letter.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter 25PctRI
Comments:	
Attachment(s):	CLIC VA Cover Letter - 25PctRI.pdf
<i>Previous Version</i>	
Satisfied - Item:	10-28-2021 Cover Letter
Comments:	
Attachment(s):	CLIC VA Cover Letter - 3 Rounds.pdf
<i>Previous Version</i>	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	CLIC VA Cover Letter.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	CLIC VA Actuarial Memorandum - w 25Pct RI _RSSplitwExhibits.pdf
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Satisfied - Item:	L&H Actuarial Memorandum
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220119.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20211029.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary - rev.pdf
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Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
Previous Version	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
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Supporting Document Schedule Item Changes	
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Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Policy Holder Notification Letter.pdf

Conclusion:

Thank you,
Cindy
Sincerely,
Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/02/2021
Submitted Date	12/02/2021

Dear Colleen Moore,

Introduction:

Good afternoon,

Response 1

Comments:

The Percent Rate Change Request on Line 1 has been changed to 95.3% and a post submission update has been submitted.

Related Objection 1

Applies To:

- Proposed Rates, [LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)] (Rate)

Comments: 1) The Percent Rate Change Request on Line 1 should reflect the total of the 3 requested increases (95.3%).

2) In addition to the Overall % Rate Impact, the post submission update should also revise:

- The Overall Rate Impact on the General Information tab, and
- The Written Premium Change and the Minimum and Maximum % Change under Company Rate Information on the Rate/Rule Schedule.

Changed Items:

No Form Schedule items changed.

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 95.3	Proposed Rates 10-29-21.pdf,	12/02/2021 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 75	Proposed Rates 10-29-21.pdf,	10/29/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	02/25/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

No Supporting Documents changed.

Conclusion:

Thank you,
Cindy

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Sincerely,
Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/01/2021
Submitted Date	12/01/2021

Dear Colleen Moore,

Introduction:

Good morning,

Response 1

Comments:

Please see response to objection dated 07/06/2021.

Related Objection 1

Comments: The objection response submitted 8/4/2021 regarding the policyholder notifications refers to the document "CINLIFE Response to OBJ 20210706". This document does not appear to be attached under Supporting Documentation. Please submit the above referenced document.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to Obj 20210706
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20210706.pdf Objection 20210706 – Coverage Change Document.pdf Objection 20210706 – Coverage Decrease Election Form.pdf Objection 20210706 – Paid-Up Status Election Form.pdf

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/29/2021
Submitted Date	10/29/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see Proposed Rates attached under Rate Tab

Please see revised 10-28-2021 Cover Letter under Supporting Documentation

Revised Act Memo under Supporting Documentation

Revised Policyholder Notification Letter under Form Schedule tab

Revised LTC Rate Request Summary under Supporting Documentation

Related Objection 1

Comments: To follow up on the 9/20/21 meeting, during the call the BOI and the team from The Cincinnati Life Insurance Company discussed limiting the 100% rate increase requested by the Company. Key reasons for limiting the increase were the small size of the block and the fact that the company had requested several rounds of increases in other states but had never requested them in Virginia, though the LTC Annual Rate Reports submitted in Virginia stated that the rates were insufficient.

During the discussion several possible options were discussed, including phasing in an increase over several years or certifying to no more increases on this block. The team from The Cincinnati was also asked to determine an alternate increase amount that could be presented to the BOI.

Please respond with an alternate increase amount for the BOI to consider.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Policy Holder Notification Letter w 3 Rounds of R1.pdf	Date Submitted: 10/29/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 75	Proposed Rates 10-29-21.pdf,	10/29/2021 By: Sheana Roginski
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	02/25/2021 By: Sheana Roginski
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i> <i>Objection 20201229 - Exhibit I.xlsx</i> <i>Objection 20201229 - Exhibit II.xlsx</i> <i>Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf</i> <i>Objection 20201117 - Exhibit I.xlsx</i> <i>Objection 20201117 - Exhibit II.xlsx</i> <i>Objection 20201117 - Exhibit III.pdf</i> <i>Objection 20201117 - Exhibit IV.xlsx</i> <i>Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20211029.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx CLIC VA Actuarial Memorandum - 3 Rounds w RS SplitwExhibits.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20211029.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary - rev.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Satisfied - Item:	10-28-2021 Cover Letter
Comments:	
Attachment(s):	CLIC VA Cover Letter - 3 Rounds.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Cover Letter</i>
Comments:	
Attachment(s):	<i>CLIC VA Cover Letter.pdf</i>

Conclusion:

Sincerely,

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/04/2021
Submitted Date	08/04/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

Related Objection 1

Applies To:

- Policyholder Notification Letter, (Form)

Comments: 1) Please include a unique form number for the policyholder notification letter on Line Item No. 1 on the Form Schedule.

2) For compliance with 14VAC5-101-60 1, the form number must be included in the bottom left hand corner of the first page of the letter.

3) Pursuant to 14VAC5-101-60 2, the full licensed name of the company shall appear in prominent print at the top of the form. The letterhead should also include the address of the home office.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)

Comments: For compliance with 14VAC5-101-70 E, the form shall be printed in at least 10-point type size. There appear to be sections which are in smaller than 10-point type. Please revise the letter accordingly.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

A Certification of Compliance has been attached.

Related Objection 3

Applies To:

- Certification of Compliance/Readability (Supporting Document)

Comments: 14VAC5-101-110 - please attach the certificate of compliance which can be found at

<https://law.lis.virginia.gov/admincode/title14/agency5/chapter101/section110>.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Objection 20210706 – Certificate of Compliance & Readability.pdf
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>N/A, not a form filing</i>
Attachment(s):	

Response 4

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments. A signed copy of the Long-Term Care Rate Revision Checklist has been attached.

Related Objection 4

Applies To:

- Product Checklist (Supporting Document)

Comments: 1) Please attach a completed, signed copy of the Long-Term Care Rate Revision Checklist which can be found at <https://scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf>.

2) Due to numerous concerns found during our review of the policyholder notification letter, we recommend you review the filing criteria referencing the policyholder letter and forms on pages 6-8.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Objection 20210706 – Long-Term Care Rate Revision Checklist.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Product Checklist</i>
Comments:	
Attachment(s):	<i>lhindivldtc.pdf</i>

Response 5

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

Related Objection 5

Applies To:

- Policyholder Notification Letter, (Form)

Comments: There are several references to the Department of Insurance. Please note, it is the Virginia Bureau of Insurance, not Department. Also, in Virginia, the Bureau of Insurance is part of the State Corporation Commission. Please reference the State Corporation Commission in the language.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 6

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

Related Objection 6

Applies To:

- Policyholder Notification Letter, (Form)

Comments: 1) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

2) Please explain how a policy is updated or amended to reflect any benefit changes an insured may choose to reduce the effects of the rate increase.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

Related Objection 7

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Page 1

- 1) Please clearly define the variable term [date] in the SOV and confirm how the company will comply with the 75-day advance notice required in 14VAC5-200-75 D.
- 2) Paragraph 2 - please revise the 3rd sentence to reflect the language in 14VAC5-200-75 D.4.
- 3) Paragraph 3 - The Company states that future rate increases will be approved by the Bureau of Insurance. Please revise the wording to reflect that the SCC reviews rate filings for compliance. For example, Any future rate increase will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.
- 4) Paragraph 4 - please include a statement that the policy may be subject to rate increases in the future for compliance with 14VAC5-200-75 A.1.
- 5) For compliance with 14VAC5-200-75 A.2, the letter should include an explanation of potential future premium rate revisions and the policyholder's options in the event of a premium rate revision.

Changed Items:

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 8

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

Related Objection 8

Applies To:

- Policyholder Notification Letter, (Form)

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Comments: 1) Page 2, Option 2 - the insured is given 30 days from the date of the letter to select Option 2. Please explain what will happen if an insured misses this deadline.

2) Page 2, Benefits Chart - The chart shows the Total Coverage Amount for Current and Options 1 & 2 as Unlimited with no variability. The actuarial memorandum indicates that the insured has the option to choose an unlimited lifetime payment maximum or a maximum based on the number of days chosen. Please confirm if the Total Coverage Amount should be variable and if so, define the variability in the SOV.

3) Page 2, Benefits Chart - The variability seems to show that changes in the daily maximum are the only decreases which will be offered in conjunction with Option 2. Please confirm if the company intends to offer additional benefit reductions.

4) Page 3, paragraph 1 - For compliance with 14VAC5-200-75 D.2.b, the disclosure that all options available may not be of equal value should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	<i>Policyholder Notification Letter</i>		<i>OTH</i>	<i>Initial</i>			<i>Objection 20201117 - CLIC Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 12/17/2020 By: Cindy Stubblefield</i>

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 9

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Related Objection 9

Applies To:

- Policyholder Notification Letter, (Form)

Comments: 1) Please confirm all items to be included in the policyholder mailings. If additional documents are to be included beyond the Policyholder letter and Change Form, they must be included in the filing. For example, the Policyholder Letter refers to "either of the enclosed election forms". Previously approved forms may be provided under the Supporting Documents tab.

2) Any enclosures to be included in the mailing should be specified under "Enclosure" on page 3 if not variable, or clearly defined in the SOV, if variable. For example, the referenced envelope should be listed under Enclosure.

3) Please define the variable items included after the "cc" on page 3 in the SOV.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
Previous Version								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 10

Comments:

Please see CINLIFE Response to OBJ 20210706 document attached under supporting documentation with referenced attachments.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Related Objection 10

Applies To:

- Statement of Variability (Supporting Document)
- Policyholder Notification Letter, (Form)

Comments: We note that variable information is indicated using several different style brackets. Any information appearing in the form that is considered variable and subject to change must be bracketed to denote variability. Each variable item must be denoted in square [] brackets. Use of another character may be requested with an explanation and must be consistently used throughout the documents.

Other issues the company may want to address include whether phone numbers, website addresses and signatures should be variable.

Additional guidance on variability can be found at in the Variability Guidance Document which can be found at <https://scc.virginia.gov/getattachment/b555e2b1-ae4a-46f9-842b-af48415410fb/varguide.pdf>.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter	LTC-100-VA	OTH	Initial			Objection 20210706 - Revised Policy Holder Notification Letter.pdf	Date Submitted: 08/04/2021 By: Sheana Roginski
<i>Previous Version</i>								
1	Policyholder Notification Letter		OTH	Initial			Objection 20201117 - CLIC Policyholder Notification Letter.pdf	Date Submitted: 12/17/2020 By: Cindy Stubblefield

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20210706 - Statement of Variability.pdf
Previous Version	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Conclusion:

Sincerely,
Sheana Roginski

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/27/2021
Submitted Date	04/27/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

We have attached a revised "Long Term Care Insurance Rate Request Summary". We corrected the company name at the top of the form to "The Cincinnati Life Insurance Company".

Related Objection 1

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Thank you for attaching the updated Rate Request Summary. Please make one additional revision to the document: the company name should reflect the full licensed company name (The Cincinnati Life Insurance Company).

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary - rev.pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary.pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf

Conclusion:

Sincerely,
Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/21/2021
Submitted Date	04/21/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see the attached CINLIFE VA Response to Obj 20210406 document along with document "Long Term Care Insurance Rate Request Summary"

Related Objection 1

Applies To:

- CLIC Response to 3-5-21 Objection (Supporting Document)

Comments: 1) Thank you for attaching the updated Rate Request Summary, however, some of the information on the previous version of the summary did not appear on the revised version:

- Please include the Product Name for LTC-100
- Please complete the Outlook for Future Rate Increases column for all Form Numbers
- Please attach the summary narrative (was on page 2 in the previous version).

2) The updated Rate Request Summary should be attached under the heading Long Term Care Insurance Rate Request Summary on the Supporting Documentation tab.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to Obj 20210322 & 20210406
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20210322.pdf CINLIFE VA Response to Obj 20210406.pdf Objection 20210322 Exhibit II.pdf Objection 20210322 Exhibit III.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to Obj 20210322 & 20210406
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20210322.pdf CINLIFE VA Response to Obj 20210406.pdf Objection 20210322 Exhibit II.pdf Objection 20210322 Exhibit III.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary.pdf

<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Conclusion:

Sincerely,
Sheana Roginski

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/21/2021
Submitted Date	04/21/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

We have attached document CLIC Response to Obj 20210322 along with Exhibit II and Exhibit III.

Related Objection 1

Comments: 1.Please provide the active life reserve balance as of the projection date corresponding to the nationwide split by pre-stability and post-stability policies.

2.Please provide the A/E analysis for current morbidity, mortality and lapse assumptions.

3.Please provide an exhibit comparing current and original assumptions.

4.Please provide the actual claim count and discussion of credibility underlying the morbidity assumption.

5.Please indicate whether the assumptions contain any margins for adverse deviations.

6.Pursuant to 14VAC5-200-185 D.3., this 100% rate increase request would trigger the contingent benefit upon lapse for all policies. Please respond how the company plans to comply with 14VAC5-200-153 G.1.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/18/2021
Submitted Date	03/18/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see CLIC Response to 3-5-21 Objection and attachments

Related Objection 1

Applies To:

- CLIC Response to 1-28-21 Objection (Supporting Document)

Comments: It appears the revised Rate Request Summary referenced in the response to Objection 4 was not attached. Please attach the updated Rate Request Summary.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 3-5-21 Objection
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20210305.pdf Objection 20210305 - Itcratereq_sum.pdf

Conclusion:

Sincerely,
Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/25/2021
Submitted Date	02/25/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see the attached CLIC VA response to 1-28-21 Objection. We have also attached Exhibit A and Exhibit II.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In the actuarial exhibits submitted 1/27/2021, two exhibits which had previously been attached were left off. Please reattach the Actual to Expected analysis and the Rate History Increase by State.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 1-28-21 Objection
Comments:	
Attachment(s):	Objection 20200901 - Exhibit A.xlsx CLIC VA Response to Obj 20210128 with Exhibits.pdf Objection 20201117 - Exhibit II.xlsx

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 1-28-21 Objection
Comments:	
Attachment(s):	Objection 20200901 - Exhibit A.xlsx CLIC VA Response to Obj 20210128 with Exhibits.pdf Objection 20201117 - Exhibit II.xlsx
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:

Please see the attached CLIC VA response to 1-28-21 Objection.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: There are several corrections to the Actuarial Memorandum which were previously made which did not show up in the version attached 1/27/21. Please make the following revisions:

- 1) Section 2 - the form numbers do not match the Affected Form Numbers on the Rate/Rule Schedule.
- 2) Section 16 - please revise the exhibit to show pre and post stability separately.
- 3) Section 19 - please revise the exhibit to show pre and post stability separately.
- 4) Section 20 - in the previous version this section was labeled Rate Stabilization. The exhibit with the 58%/85% test should reflect only the post stability policies.
- 5) Section 21 - Please update the actuarial certification for compliance with 14VAC5-130-70 B 14 (premiums reasonable in relation to the benefits provided) and 14VAC5-200-153 B 2.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 1-28-21 Objection
Comments:	
Attachment(s):	Objection 20200901 - Exhibit A.xlsx CLIC VA Response to Obj 20210128 with Exhibits.pdf Objection 20201117 - Exhibit II.xlsx

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 1-28-21 Objection
Comments:	
Attachment(s):	Objection 20200901 - Exhibit A.xlsx CLIC VA Response to Obj 20210128 with Exhibits.pdf Objection 20201117 - Exhibit II.xlsx
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:

Please see the attached CLIC VA response to 1-28-21 Objection.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The last sentence of Section 3 of the Actuarial Memorandum says: A contingent benefit upon lapse rider has been provided to all insureds. This statement seems to conflict with several of the objection responses:

- In the response to objection 5 dated 12/16/20, the company says: Cincinnati Life Insurance Policies do not have contingent benefit upon lapse option.

- In response #1 submitted 10/1/2020, the company indicated Rider Form LTC-312-VA (1/02), the Contingent Benefit Upon Lapse rider, has been removed from the Affected Form Numbers as there are currently no Virginia policies with this rider.

Please clarify these discrepancies.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 1-28-21 Objection
Comments:	
Attachment(s):	Objection 20200901 - Exhibit A.xlsx CLIC VA Response to Obj 20210128 with Exhibits.pdf Objection 20201117 - Exhibit II.xlsx

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 1-28-21 Objection
Comments:	
Attachment(s):	Objection 20200901 - Exhibit A.xlsx CLIC VA Response to Obj 20210128 with Exhibits.pdf Objection 20201117 - Exhibit II.xlsx
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit III & IV.xlsx Objection 20201117 - Exhibit II.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State: Virginia Filing Company: The Cincinnati Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: LTC 2020 Rates
 Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Comments:

Form numbers have been revised under the Rate/Rule tab.

Related Objection 4

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please update the Form Numbers to be consistent with the Affected Form Numbers under the Rate/Rule Schedule.

Changed Items:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	02/25/2021 By: Sheana Roginski
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
Previous Version						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

No Supporting Documents changed.

Conclusion:

Sincerely,

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/27/2021
Submitted Date	01/27/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see CLIC Objection response to 12-29-20 Objection under Supporting Documentation.

Related Objection 1

Comments: The company has stated that it is requesting a lower rate increase than required by 14VAC5-200-153 B 2. If the company cannot certify that no further rate increases are anticipated, then what loss ratio does the company intend to target for these forms?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 12-29-20 Objection
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 202011229.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 12-29-20 Objection
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 202011229.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

Response 2

Comments:

Attached are Updated Exhibits I, II, III & IV.

Related Objection 2

Applies To:

- CLIC Response to 20201117 Objection (Supporting Document)

Comments: Regarding the response submitted 12/17/20, please provide separate experience projections for the pre-stability and post-stability blocks (Objection #4, Items 2, 5 and 10).

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 12-29-20 Objection
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 202011229.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 12-29-20 Objection
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 202011229.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit I.xlsx Objection 20201229 - Exhibit II.xlsx Objection 20201229 - Exhibit III & IV.xlsx

<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx</i>

<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Conclusion:

Sincerely,
Sheana Roginski

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/17/2020
Submitted Date	12/17/2020

Dear Colleen Moore,

Introduction:

Good Afternoon

Response 1

Comments:

The Actuarial Memorandum has been moved to the section L&H Actuarial Memorandum.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)
- CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

Comments: Please move the revised Actuarial Memorandum to the section L&H Actuarial Memorandum. It is currently included as part of the objection response document.

Changed Items:

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>

Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>
Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf
Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>
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Attachment(s):	CLIC Response to 20201117 Objection.pdf
Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Comments:	
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Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
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Comments:	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>
Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf
Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Response 2

Comments:

The policyholder notification letter is attached under the Form Schedule tab.

Related Objection 2

Applies To:

- CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

Comments: Please attach the policyholder notification letter as a separate form under the Form Schedule tab. Any variable data in the letter must be denoted in square brackets [] and clearly explained in a Statement of Variability which is attached under supporting documents. Guidance on variability can be found at <https://scc.virginia.gov/getattachment/b555e2b1-ae4a-46f9-842b-af48415410fb/varguide.pdf>.

Changed Items:

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>

Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>

Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
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Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>

Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf

Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
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Comments:	
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<i>Previous Version</i>	
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Comments:	
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Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
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Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>
Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf
Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
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Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
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Attachment(s):	CLIC Response to 20201117 Objection.pdf
Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Response 3

Comments:

The revised LTC Rate Request Summary has been moved to the Long Term Care Insurance Rate Request Summary section.

Related Objection 3

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)
- CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

Comments: Please move the revised Long Term Care Insurance Rate Request Summary from the CLIC Response to the Long Term Care Insurance Rate Request Summary section.

Changed Items:

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
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Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf

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Attachment(s):	CLIC Response to 20201117 Objection.pdf

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Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
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Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf
Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201117 - Actuarial Memorandum.pdf Objection 20201117 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit III.pdf Objection 20201117 - Exhibit IV.xlsx Objection 20201117 - Exhibit V & VI.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

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TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Response 4

Comments:

Please see response to objection dated 20201117

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

- Comments: 1.Please advise if the actuarial assumptions associated with the rate increase request are consistent with the assumptions embedded in the most recent asset adequacy testing. If not, either make the appropriate revisions or explain any discrepancies.
- 2.Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction. Provide a copy of all projections in Excel with working formulas.
- 3.Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.
- 4.Please advise in which states the company has requested rate increases on this block and describe how the rate changes requested in Virginia compare with those in other states, along with a listing of the status of the rate reviews in those other states.
- 5.Please provide a loss ratio projection (both past and future) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.
- 6.Please state the lifetime loss ratio anticipated in the original filing.
- 7.Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.
- 8.What steps have been taken to minimize rate increases on this block of business?
- 9.For compliance with 14VAC5-130-70 B.1, include the issue age range in the Actuarial Memorandum.
- 10.Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach

Changed Items:

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf litraterreq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
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<i>Previous Version</i>	
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Comments:	
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Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>CLIC Response to 20200901 Objection with Exhibits</i>
Comments:	
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Comments:	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
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Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

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Comments:	
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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CLIC VA Actuarial Memorandum with Exhibits.pdf</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
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Comments:	
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<i>Previous Version</i>	
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Comments:	
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TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
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Comments:	
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<i>Previous Version</i>	
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Comments:	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>ltcratereq_sum.pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Response 5

Comments:

The Actuarial Memorandum has been updated.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please update the actuarial memorandum for compliance with 14VAC5-200-153 B.3 b, c, d and f.

2.How does the company plan to comply with 14VAC5-200-153 G.1.

Changed Items:

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
<i>Previous Version</i>	
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Comments:	
Attachment(s):	<i>CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf</i>

Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
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Comments:	
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<i>Previous Version</i>	
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Supporting Document Schedule Item Changes	
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Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
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<i>Previous Version</i>	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
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Comments:	
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
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Previous Version	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Objection 20201117 - Statement of Variability.pdf

Conclusion:

Thank you

Cindy

Sincerely,

Cindy Stubblefield

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/01/2020
Submitted Date	10/01/2020

Dear Colleen Moore,

Introduction:

Good Morning,

Response 1

Comments:

- 1) Rate Action is changed from New to Revised.
- 2) A Copy of the originally approved filing is attached. Due to the size of the document, it had to be separated into three parts. The original filing was submitted in Paper Format. I didn't find a state filing tracking number.
- 3) Form numbers are revised.
- 4) Rider Form LTC-312-VA (1/02) has been removed from the Affected Form Numbers as there are currently no Virginia policies with this rider.

Related Objection 1

Applies To:

- Proposed Rates, [LTC-100-VA (4/99)] (Rate)

Comments: 1) Since this filing is for a rate revision, please change the Rate Action from New to Revised and complete the Rate Action Information.

- 2) Include the state filing tracking number for the original filing, if available, and attach a copy of the originally approved filing under Supporting Documentation.
- 3) Please include all applicable Form and Rider numbers under Affected Form Numbers. The form numbers are inconsistent between the Rate/Rule Schedule, the Actuarial Memorandum and the most recent Annual Rate Report filings (LTCG-132001102 and LTCG-132000962).
- 4) Please confirm if the rates associated with Rider Form LTC-312-VA (1/02) are attached under the Rate/Rule Schedule.

Changed Items:

No Form Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf

Response 2

Comments:

- 1) Please see attached Objection 20200901 Actuarial Memorandum and Objection 20200901 Exhibit A for the requested information.
- 2) There are no outstanding partnership policies on the Virginia Block.

Related Objection 2

Comments: 1) In order to determine compliance for policies issued prior to 10/1/2003 as set forth in 14VAC5-200-150, and those issued on or after 10/1/2003 as set forth in 14VAC5-200-153, please break out the number of policies accordingly as well as providing separate exhibits illustrating experience and projections.

- 2) Are there any partnership policies outstanding in the Virginia block?

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Changed Items:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf

Response 3

Comments:

Due to competing business priorities, LTC rate reviews weren't funded for all states through internal resourcing discussions during those years.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments: 1) Please update the actuarial certification for compliance with 14VAC5-130-70 B 14 (premiums reasonable in relation to the benefits provided) and 14VAC5-200-153 B 2.

2) Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

3) We note that the Company reported that the premium rates were insufficient in the Annual Rate Reports submitted for CY 2015 - 2018. Please explain why a rate increase request has not been filed prior to this time.

Changed Items:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Response 4

Comments:

Please see the attached Rate Request Summary for the requested narrative.

Related Objection 4

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: 1) Please include the full company name ("The" Cincinnati Life Insurance Company).

2) Please complete the Product Name and Outlook for Future Rate Increases sections.

3) Please attach a narrative to the Rate Summary in easy to understand, consumer-friendly language, so that any person reviewing this filing would understand the reason for the rate increase and its driving factors. Below is an example of what we would consider user friendly language:

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily cancels their policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Changed Items:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Itcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf

Response 5

Comments:

Please see the attached CLIC Policyholder Notification Letter for the requested information.

Related Objection 5

Comments: Per 14VAC5-200-75, please provide a premium increase notification letter under the Form Schedule for our review.

- A Statement of Variability should be provided, as necessary, and placed under the Supporting Documentation section.
- Any attachments, FAQ, or other documents included in the policy holder notification mailing should also be provided in the Supporting Documentation section.
- After our review, a John Doe letter will be requested demonstrating the final example of how the letter will appear to a policy/certificate holder.

Changed Items:

No Form Schedule items changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 100	VA Proposed Rates.pdf,	10/01/2020 By: Cindy Stubblefield
<i>Previous Version</i>						
1	Proposed Rates	LTC-100-VA (4/99)	New		VA Proposed Rates.pdf,	07/30/2020 By: Sheana Roginski

Supporting Document Schedule Item Changes	
Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf ltcratereq_sum.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf VA Original Filing Part 1.pdf VA Original Filing Part 2.pdf VA Original Filing Part 3.pdf

Conclusion:
 Thank you
 Cindy
 Sincerely,
 Cindy Stubblefield

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Amendment Letter

Submitted Date: 03/28/2023

Comments:

Documents provided to respond to objection dated 03/15/2023.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CINLIFE VA Response to Obj 20230315
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230315.pdf
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability.rev 20221129.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf Statement of Variability - Decrease Confirmation Form.pdf Obj 1.1 - Statement of Variability_Schedule.pdf Obj 1.1 - Statement of Variability_Paid-Up Status Election Form.pdf Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf</i> <i>Obj 1.1 - Statement of Variability_Schedule.pdf</i> <i>Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i> <i>Statement of Variability_Paid-Up Status Election Form.pdf</i> <i>Statement of Variability - Decrease Confirmation Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability rev.pdf</i> <i>Statement of Variability - Decrease Confirmation Form.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20210706 - Statement of Variability.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>Objection 20201117 - Statement of Variability.pdf</i>

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Note To Reviewer

Created By:

Cindy Stubblefield on 03/16/2023 09:54 AM

Last Edited By:

Colleen Moore

Submitted On:

03/20/2023 10:53 AM

Subject:

Responding to objections rather than withdrawing

Comments:

We will be responding to the items in the 3/15/23 objection letter rather than withdrawing the filing.

Thank you,
Cindy

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Reviewer Note

Created By:

Colleen Moore on 09/19/2022 01:58 PM

Last Edited By:

Colleen Moore

Submitted On:

04/14/2023 02:24 PM

Subject:

Actuarial Opinion Letter

Comments:

Final actuarial opinion letter

JOHN T. CONDO, FSA, MAAA, PHD
ROBERT B. CROMPTON, FSA, MAAA
DAVID E. NEVE, FSA, MAAA, CERA
CANDE OLSEN, FSA, MAAA, CLU



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NAZNEE RIAS, FSA, MAAA, CERA
NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

May 7, 2021

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #GRJR-132365687**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **The Cincinnati Life Insurance Company** (the “Company”). This is a rate increase filing for a block of Long Term Care Insurance.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has demonstrated compliance with the laws and regulations.

Other Extra-Regulatory Considerations

In addition to the regulatory analysis referenced above, I have reviewed a series of extra-regulatory tests that the Bureau considers for LTC rate filings. The maximum rate increase allowed under each of those tests is shown in the chart below:

	Pre-Stability	Post-Stability
Compliant Increase under 14VAC5-200	100%	100%
Additional Test	Max Allowed	Max Allowed
PV Future Loss	full	full
Prospective PV	612%	536%
If-Knew/Makeup	528%	336%
State Equity	174%	174%



History and Details of Request

The policies in this filing were issued in Virginia from 1999 through 2004 and include 15 policies with \$26k annualized premium as of 12/31/2019, representing about 0.8% of the nationwide inforce. Eleven of these policies are issued pre-stability and 4 post-stability. This is the first increase requested for these forms in Virginia. The Company is currently requesting an increase of 100% on all policies.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Assumptions

Assumptions are best estimate and do not include any margins. They are consistent with those used for the most recent asset adequacy testing.

Morbidity – The current morbidity assumptions for incidence, utilization and continuance are based on the Company's own experience combined with reinsurer experience. The original assumptions were developed by GE and varied by issue age and duration.

Credibility was determined based on the formula recommended by the American Academy of Actuaries ("AAA") in a Long-term Care Credibility Monograph issued in August 2016. Under the formula recommended, 3,246 claims are needed for full LTCI data credibility. The standard is applied to cumulative historical experience to determine the credibility of the block. This block of policies contains 94 claims over the past 5 years, giving the data 17% credibility based on the standard above. Credibility is supplemented by the experience of the reinsurer, General Re.

Mortality – The assumed mortality is based on the 2012 IAM Table with selection factors based on the selection patterns in the 2001 CSO table. The original mortality was based on the 1983 IAM table with selection.

Voluntary Lapse – The current lapse assumptions are based on Company experience with an ultimate lapse rate of 0.5% for married and 0.85% for single. The original ultimate assumption ranged from 4.0% to 5.5%.

Interest – the average maximum valuation interest rate of 4.5% is used for discounting the projections.



Projections

The loss ratio projections of post-stability policies as of 12/31/2019 are summarized below.

Stability	Original	No Increase			With Increase			153G.2.
	LR	Future	Fut/ALR	Lifetime	Future	Fut/ALR	Lifetime	Test
Pre	69%	863%	493%	153%	479%	274%	140%	PASS
Post	71%	711%	444%	136%	392%	245%	120%	PASS

PV of Future Loss Test

Stability	Original	Current	Proposed	Limit
Pre	(18,587)	(55,392)	(49,578)	n/a
Post	(1,879)	(6,741)	(5,843)	n/a

For this analysis, I compared the present value of expected future loss under three scenarios: 1) original assumptions; 2) current assumptions and current premiums; and 3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is greater than that expected under original assumptions so no restriction would be required.

Prospective PV Approach

The allowable rate increase is 612% for pre-stability and 536% for post-stability based on the data provided by the Company.

If-Knew/Makeup Blend Approach

The allowable rate increase is 528% for pre-stability and 336% for post-stability based on the data provided by the Company.

State Rate Equity

The statistics related to rate actions in all states are presented in the table below.

NW Range	NW Avg	VA Curr	VA Prop
0%-349%	174%	0%	100%

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.



In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

Shawn D. Parks, FSA, MAAA

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Reviewer Note

Created By:

Colleen Moore on 04/27/2021 03:31 PM

Last Edited By:

Colleen Moore

Submitted On:

04/14/2023 02:21 PM

Subject:

RRS

Comments:

Rate Review Summary

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: The Cincinnati Life Insurance Company NAIC # 76236

SERFF Tracking Number: GRJR-132365687

Revised Rates

Average Annual Premium Per Member: 1,754

Average Requested Percentage Rate Change Per Member: 25.0%

Range of Requested Rate Changes: 25.0%

Number of Virginia Policyholders Affected: 15

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
Form LTC-100-VA (4/99)	Deluxe Plan	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-300 (4/99)	Nonforfeiture Rider	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-301 (4/99)	Restoration of Benefits	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-302 (4/99)	Coverage Amendment Rider	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-312-VA (1/02)	Contingent Benefit Upon Lapse	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

(Rev. 06/19)

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, when an insured voluntarily cancels their policy, interest earned on premiums paid, and the total cost of each claim. The actual results are much higher than these original projections. The reasons for this are due to individuals living longer, keeping their policies longer, lower interest rates, and the increased cost of a claim. All of these factors have led to more claims that are more costly than originally anticipated. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: The Cincinnati Life Insurance Company – NAIC # 76236

SERFF Tracking Number: GRJR-132365687

Disposition: Approved & Filed

Approval Date: 4/14/23

Current Average Annual Premium Per Member: \$1,754

Rate Changes:

Average Percentage Rate Change Per Member: 25%

Minimum Requested Percentage Rate Change Per Member: 25%

Maximum Requested Percentage Rate Change Per Member: 25%

Number of Virginia Policy Holders Affected: 15

Summary of the Bureau's review of the rate request:

The Company requested a 100% rate increase on this block of individual long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to 25%.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-150 and 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the lifetime anticipated loss ratio after the increase will be 159%, which exceeds the minimum required loss ratio of 60%.

While the Company has advised they will continue to monitor experience and may file for additional rate increases in the future, these will first need to be filed for review and approval with the Bureau.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, lower interest rates, and increased claim costs, all of which have resulted in more claims being filed that are more costly than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at:
<https://sec.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

State: Virginia **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: LTC 2020 Rates
Project Name/Number: LTC 2020 Rates/LTC 2020 Rates

Post Submission Update Request Processed On 01/31/2022

Status: Allowed
Created By: Cindy Stubblefield
Processed By: Colleen Moore
Comments:

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	25	95.3

Company Rate Information:

Company Name: The Cincinnati Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	25.000%	95.300%
Written Premium Change for this Program	\$6577	\$25073
Maximum %Change (where required)	25.000%	95.300%
Minimum %Change (where required)	25.000%	95.300%

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 04/14/2023	Policyholder Notification Letter	LTC-100-VA	OTH	Initial		50.000	Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf
2	Filed 04/14/2023	Policy Letter Address Change	LTC-100-VA1	OTH	Initial			Obj 5 - Form LTC100 VA1.pdf
3	Filed 04/14/2023	Coverage Decrease Election Form	LTC-100-2 (4/99)	OTH	Initial			Coverage Decrease Election Form.pdf
4	Filed 04/14/2023	Paid-Up Status Election Form	LTC-100-1 (4/99)	OTH	Initial			Paid-Up Status Election Form.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Application Form Number: [APP_FORM_NO]
[DATE]
[FIELD_2] [FIELD_3] [FIELD_4]
[FIELD_6]
[FIELD_7]
[FIELD_8] [FIELD_9] [FIELD_10]

RE: Long-Term Care Insurance Plan
Policy Number: [POL_NO]

Dear [NAME]:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that The Cincinnati Life Insurance Company is implementing a premium rate increase for your long-term care insurance policy. The amount of the premium increase, as well as your options, are fully explained in this letter.

Feature			Current Annual Premium	New Annual Premium
Rate Increase at [RIPCT]	Effective Date	[EFFDT1]	[\$CURPREM]	[\$RIPREM1]

It is important to know that all insurance companies regularly review their claims experience and make rate adjustments as allowed in the policies. Based on its review, Cincinnati Life has determined that an increase in the renewal premium rate for your policy type is necessary.

The Virginia State Corporation Commission has reviewed the rate increase request. The request was found to be compliant with Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection. These may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium change is based on the experience of all policies in your class. The premium change has nothing to do with your current age, health status, claims history, or any personal factors. Premiums are increasing because people are living longer than expected and are keeping their policies for a longer time. This is resulting in higher-than-expected claim costs.

The company will continue to monitor experience. Future rate increases may be necessary if experience continues to emerge worse than expected. In the event of future rate increases, similar options to those listed in this letter may be available. Future rate increases will not be implemented until the request has been filed with the Virginia State Corporation Commission and has been determined to be compliant with applicable Virginia laws and regulations. The policyholder has a right to a revised premium rate if the premium rate is changed.

What are My Options?

We understand how important your long-term care coverage is to you and that you may not be willing or able to pay the higher premium. Therefore, we are offering coverage options to help keep your premium at or near the current level. Please review your existing coverage and the new premium and consider if you may want to adjust your coverage to reduce your overall premium. When making your decision, please note that your policy may be subject to rate increases in the future.

What are my Options?

Your options and the action you must take to select one of them are explained below.

The effective date of your selected option is [EFFDT1].

PLEASE NOTE THAT ALL OPTIONS AVAILABLE MAY NOT BE OF EQUAL VALUE.

Option 1: Your premium automatically increases and your coverage amounts continue as reflected under Option 1 in the benefits chart on the following page. This option is automatic. It does not require any action on your part.

Your premium will automatically increase by [RIPCT%] at the next policy anniversary, if no action is taken. Your [MODE] premium will be adjusted to [\$RIMODPREM1] beginning [EFFDT1]. If you pay premiums through electronic fund transfer, your premiums will be adjusted automatically to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your billing.

Feature	Current	New
[MODE] Premium	[\$CURMODPREM]	[\$RIMODPREM1]

Option 2: You may take a one-time decrease to your coverage amounts and your current premium remains the same as reflected under Option 2 in the chart below.

To select this option, please sign, date, and return the enclosed “*Coverage Decrease Election Form*” in the envelope provided and postmarked no later than **45 days** from the date of this letter. If you do not sign, date and return the enclosed form within 45 days, and you do not elect Option 3, your premium will automatically increase on [EFFDT1].

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of a) the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits; or b) 30 times the Nursing Home Care Daily Maximum. Please note that this option limits the amount of future benefits you are eligible to receive.

To select this option, please complete and return the enclosed “*Paid-Up Status Election Form*” in the enclosed envelope and postmarked no later than 120 days from the date of this letter.

Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Care Daily Maximum	[\$NHMDB]	[\$NHMDB]	[\$DGNHMDB]	[\$NHMDB]
Assisted Living Facility Care Daily Maximum	[\$AFLMDB]	[\$ALFMDB]	[\$DGALFMDB]	[\$ALFMDB]
Home Health Care Daily Maximum	[\$HHCMDB]	[\$HHCMDB]	[\$DGHHCMDB]	[\$HHCMDB]
Total Coverage Amount	[COVAMT]	[COVAMT]	[COVAMT]	[\$POOL]
[MODE] Premium	[\$CURMODPREM]	[\$RIMODPREM1]	[\$CURMODPREM]	\$0

NOTE: Your premium will automatically increase effective [EFFDT1], if you do not return either of the enclosed election forms.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

We realize that this offer is complicated and encourage you to call our special toll-free number (800) 921-9371 and speak to our customer service representatives. They are available Monday through Friday, 8 a.m. to 6 p.m. Eastern Time. You may also email us at Cincilifeltc@ltcg.com. We thank you for your business and we look forward to serving you for many years.

Sincerely,

A handwritten signature in black ink, appearing to read "Jody Ross". The signature is fluid and cursive, with the first name "Jody" and the last name "Ross" clearly distinguishable.

Administrator
The Cincinnati Life Insurance Company

Enclosure:

Coverage Decrease Election Form
Paid-Up Status Election Form
Return Envelope
Address Change Form



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ (800)-921-9371

Address Change Reminder:

If your address has changed, please indicate your correct address below and return this page to the address provided:

Name: _____ Policy Number: _____

Street/P. O. Box _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ - _____ Date: _____

Return To: The Cincinnati Life Long-Term Care Program
Administrator
P.O. BOX 64904
ST. PAUL, MN 55164

The Cincinnati Life Insurance Company
LONG-TERM CARE
Form LTC-100
Option 2
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 45 days from the date of this form.

NOTE: If you do not select Option 2 within 45 days or Option 3 within 120 days from the date of this form you will automatically receive Option 1. In that case your next premium invoice will reflect the increased premium.

Decreased Nursing Home Care Maximum Daily Amount:	[\$DGNHMDDB]
Decreased Assisted Living Facility Care Maximum Daily Amount:	[\$DGALFMDB]
Decreased Home Health Care Maximum Daily Amount:	[\$DGHHCMDDB]
Total Coverage Amount:	[COVAMT]
Premium/Premium Mode:	[\$CURMODPREM]

Insured: [FIELD_2] [FIELD_3] [FIELD_4]
 Policy Number: [POL_NO]

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.

I understand my decreased Coverage Amounts will be effective [EFFDT].

 Signature of Policy Owner

 Date

**Please return this form in the envelope provided and
 postmarked no later than 45 days from the date of this form.**

If you have any questions regarding your options, please call 1 (800) 921-9371.

Please make sure address
 shows through the envelope
 window.

The Cincinnati Life Long-Term Care Program
 P.O. BOX 64904
 ST. PAUL, MN 55164

The Cincinnati Life Insurance Company
LONG TERM CARE
Form LTC-100
Option 3
PAID-UP STATUS ELECTION
FORM

To convert your coverage to a paid-up status with a reduced coverage amount of you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 120 days from the date of this form.

Nursing Home Care Maximum Daily Amount:	[\$NHMDB]
Assisted Living Facility Care Maximum Daily Amount:	[\$ALFMDB]
Home Health Care Maximum Daily Amount:	[\$HHCMDB]
Decreased Total Coverage Amount*:	[\$POOL]
Premium:	\$0

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

If you have any questions regarding your options, please call 1 (800) 921-9371

Insured: [FIELD_2] [FIELD_3] [FIELD_4]
Policy Number: [POL_NO]

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above.

I understand my decreased Total Coverage Amount will be effective [EFFDT].

Signature of Policy Owner

Date

**Please return this form in the envelope provided and
postmarked no later than 120 days from the date of this form.**

Please make sure address
shows through the envelope
window.

The Cincinnati Life Long-Term Care Program
P.O. BOX 64904
ST. PAUL, MN 55164

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approve
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A
SERFF Tracking Number of Last Filing:	N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Cincinnati Life Insurance Company	1,301.000%	25.000%	\$6,577	15	\$26,306	25.000%	25.000%

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Proposed Rates	LTC-100-VA (4/99), LTC-300 (4/99), LTC-301 (4/99), LTC-302 (4/99), LTC-312-VA (1/02)	Revised	Previous State Filing Number: N/A, Paper Filing Percent Rate Change Request: 25	Rate Sheets.pdf,

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	30	28	41	39	60	54
25-29	33	29	44	41	64	59
30-34	36	31	49	44	70	63
35-39	39	34	53	48	75	68
40-44	41	38	58	51	81	73
45	41	38	58	51	81	73
46	41	39	59	53	83	74
47	43	39	60	54	84	75
48	43	39	61	55	85	78
49	44	40	61	55	85	78
50	44	40	63	58	88	79
51	44	40	64	59	88	79
52	45	41	65	60	90	81
53	48	43	70	64	93	84
54	49	44	74	68	98	88
55	53	48	79	71	100	91
56	54	49	83	75	104	94
57	59	51	90	81	111	100
58	63	55	95	88	119	108
59	69	61	101	91	125	113
60	74	68	110	99	134	121
61	80	73	116	105	144	131
62	89	80	125	113	153	139
63	94	86	135	121	163	149
64	100	91	146	131	171	156
65	106	98	156	140	184	166
66	115	106	169	153	194	176
67	125	114	181	164	210	191
68	139	126	199	179	229	208
69	154	140	219	198	250	226
70	173	158	238	216	273	245
71	191	176	261	236	299	271
72	215	196	289	263	329	296
73	239	219	320	291	360	326
74	265	241	356	323	395	360
75	295	266	395	358	431	394
76	326	295	435	395	474	433
77	364	329	478	434	514	470
78	400	363	518	470	554	506
79	439	399	559	508	594	540
80	481	440	601	548	636	578
81	528	484	649	590	683	619
82	580	534	704	640	735	665
83	639	586	765	698	793	716
84	705	648	839	764	860	780
85	769	706	915	831	939	849
86	839	770	998	906	1,023	925
87	915	840	1,088	988	1,115	1,008
88	998	916	1,186	1,076	1,215	1,099
89	1,088	999	1,293	1,174	1,324	1,198
90	1,186	1,089	1,408	1,280	1,443	1,305
91	1,293	1,188	1,535	1,395	1,574	1,423
92	1,408	1,294	1,674	1,521	1,715	1,551
93	1,535	1,410	1,824	1,658	1,869	1,691
94	1,674	1,536	1,988	1,806	2,036	1,843

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	38	34	54	50	78	71
25-29	40	38	59	54	83	78
30-34	43	40	63	59	90	83
35-39	45	43	69	63	98	90
40-44	50	45	74	69	104	98
45	50	45	74	69	104	98
46	55	48	75	70	105	99
47	58	49	78	71	109	100
48	58	49	78	71	110	101
49	58	49	79	73	111	103
50	59	50	80	74	111	103
51	60	51	81	75	113	104
52	61	51	84	79	115	108
53	63	53	89	81	119	110
54	65	55	94	88	123	113
55	69	59	100	91	129	116
56	73	63	105	98	134	123
57	79	68	113	104	141	130
58	84	71	121	111	150	135
59	91	78	130	119	160	145
60	99	84	139	126	171	155
61	105	91	150	135	184	166
62	114	98	161	146	194	176
63	123	106	171	158	208	189
64	131	113	185	169	219	199
65	140	120	196	180	233	213
66	151	129	213	195	246	225
67	165	141	230	211	265	241
68	183	156	253	231	289	264
69	204	174	278	254	316	290
70	226	195	305	280	348	318
71	254	218	339	310	383	350
72	285	245	375	343	421	386
73	318	273	415	379	463	425
74	355	304	458	419	509	468
75	396	339	505	461	560	513
76	440	375	555	508	610	560
77	489	419	611	559	669	613
78	539	460	665	610	723	663
79	588	504	721	663	776	713
80	641	551	781	718	835	765
81	704	604	848	780	899	824
82	771	664	921	848	970	889
83	851	731	1,005	925	1,051	964
84	943	810	1,101	1,015	1,143	1,048
85	1,028	883	1,200	1,106	1,246	1,141
86	1,119	963	1,308	1,206	1,359	1,245
87	1,219	1,049	1,425	1,315	1,481	1,358
88	1,329	1,143	1,554	1,434	1,615	1,480
89	1,448	1,246	1,694	1,563	1,760	1,613
90	1,578	1,359	1,846	1,704	1,919	1,758
91	1,719	1,481	2,013	1,858	2,093	1,916
92	1,874	1,615	2,194	2,024	2,281	2,089
93	2,041	1,760	2,391	2,206	2,486	2,276
94	2,226	1,919	2,606	2,405	2,710	2,481

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	41	39	63	59	89	83
25-29	44	41	68	63	95	90
30-34	49	44	73	69	103	98
35-39	53	48	79	74	111	104
40-44	58	51	84	80	120	113
45	58	51	84	80	120	113
46	58	51	85	81	121	114
47	59	53	88	83	124	116
48	60	54	89	84	125	119
49	60	54	90	84	125	119
50	61	55	91	85	126	120
51	61	55	93	88	130	121
52	64	59	98	91	131	123
53	68	61	101	94	135	126
54	70	64	105	99	141	131
55	74	69	113	104	145	134
56	78	71	120	111	153	140
57	83	78	129	119	161	149
58	90	83	136	126	170	155
59	98	89	146	135	183	166
60	103	94	160	146	195	179
61	111	103	171	156	208	191
62	121	111	184	170	224	204
63	129	118	198	181	238	215
64	138	126	210	195	250	229
65	146	134	225	208	264	241
66	159	145	240	223	281	256
67	173	159	260	241	303	276
68	193	176	288	265	331	301
69	214	196	316	293	363	333
70	238	219	353	324	399	365
71	268	246	390	359	438	404
72	300	275	434	396	483	446
73	336	310	479	438	533	490
74	375	346	525	481	585	539
75	420	388	579	531	643	591
76	469	431	638	585	705	646
77	519	478	701	645	771	708
78	571	525	764	704	834	765
79	624	575	829	764	899	825
80	680	625	900	830	969	890
81	743	684	980	905	1,043	960
82	816	751	1,066	986	1,128	1,039
83	899	828	1,165	1,078	1,224	1,128
84	999	919	1,276	1,181	1,333	1,228
85	1,089	1,001	1,391	1,288	1,453	1,339
86	1,188	1,093	1,516	1,404	1,583	1,459
87	1,294	1,191	1,653	1,530	1,725	1,591
88	1,410	1,299	1,801	1,669	1,881	1,734
89	1,536	1,416	1,964	1,819	2,051	1,889
90	1,675	1,543	2,140	1,983	2,235	2,059
91	1,826	1,681	2,333	2,160	2,436	2,245
92	1,991	1,833	2,541	2,354	2,656	2,446
93	2,170	1,998	2,770	2,565	2,895	2,668
94	2,365	2,176	3,020	2,795	3,156	2,906

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	50	48	74	69	104	99
25-29	54	51	80	74	113	105
30-34	59	55	88	80	121	114
35-39	63	60	94	88	131	123
40-44	69	64	101	94	141	133
45	69	64	101	94	141	133
46	70	65	104	95	144	135
47	71	68	105	98	146	136
48	73	68	108	100	149	140
49	74	69	110	101	150	140
50	74	69	111	103	151	141
51	75	70	114	105	154	144
52	78	71	116	109	159	149
53	80	74	123	114	164	153
54	84	79	130	121	170	159
55	90	84	139	130	176	165
56	95	89	146	136	185	173
57	101	94	156	146	196	183
58	109	101	169	156	208	194
59	116	109	181	170	221	205
60	125	115	194	181	236	220
61	135	124	208	194	253	234
62	145	134	223	208	269	251
63	155	144	235	221	288	268
64	168	155	250	233	306	285
65	179	166	264	246	325	303
66	194	180	281	263	348	324
67	211	195	305	285	374	348
68	236	219	340	316	408	380
69	261	243	379	353	445	413
70	290	270	424	395	486	451
71	325	303	475	441	533	494
72	366	340	529	493	586	543
73	409	378	584	541	643	596
74	456	423	644	596	708	656
75	508	469	709	659	776	721
76	564	520	779	723	849	790
77	624	578	853	793	928	864
78	681	630	929	864	1,000	934
79	740	686	1,005	936	1,076	1,004
80	800	743	1,088	1,015	1,156	1,078
81	871	810	1,178	1,100	1,241	1,159
82	953	886	1,281	1,199	1,340	1,251
83	1,046	974	1,399	1,308	1,450	1,354
84	1,159	1,078	1,534	1,435	1,576	1,474
85	1,264	1,175	1,671	1,564	1,718	1,606
86	1,378	1,281	1,823	1,705	1,871	1,751
87	1,501	1,398	1,986	1,859	2,040	1,909
88	1,636	1,523	2,165	2,026	2,224	2,080
89	1,784	1,659	2,360	2,209	2,424	2,268
90	1,945	1,809	2,574	2,406	2,641	2,471
91	2,119	1,971	2,805	2,623	2,880	2,694
92	2,310	2,150	3,058	2,859	3,139	2,938
93	2,518	2,344	3,333	3,116	3,421	3,203
94	2,745	2,554	3,633	3,398	3,729	3,491

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	59	55	89	80	120	113
25-29	63	60	95	88	130	121
30-34	69	64	103	94	140	131
35-39	74	70	111	101	151	141
40-44	80	75	120	110	164	153
45	80	75	120	110	164	153
46	83	78	123	111	166	155
47	84	79	124	113	170	159
48	84	80	126	115	173	161
49	85	81	129	116	174	163
50	88	81	130	119	175	164
51	89	84	134	123	179	166
52	93	88	139	126	184	173
53	95	90	145	134	191	179
54	100	94	154	143	198	185
55	105	99	164	153	208	194
56	113	105	175	164	220	205
57	121	113	186	175	233	216
58	126	119	200	190	246	231
59	139	129	214	203	261	244
60	146	135	228	216	276	259
61	159	146	245	234	295	276
62	170	159	261	248	315	295
63	184	171	275	261	338	318
64	196	183	289	274	360	340
65	213	198	304	286	385	365
66	230	215	323	303	414	391
67	251	236	351	329	446	421
68	279	261	390	368	484	456
69	309	290	439	413	528	495
70	345	323	496	466	574	535
71	384	359	558	524	626	583
72	429	401	623	584	689	640
73	480	448	690	646	754	701
74	534	496	761	714	828	773
75	596	551	838	783	908	851
76	660	613	920	860	994	935
77	728	675	1,006	941	1,083	1,021
78	790	735	1,093	1,023	1,166	1,100
79	854	798	1,180	1,106	1,253	1,181
80	923	863	1,274	1,198	1,341	1,265
81	1,000	936	1,376	1,298	1,440	1,358
82	1,089	1,021	1,495	1,411	1,551	1,463
83	1,194	1,121	1,633	1,540	1,676	1,581
84	1,319	1,236	1,791	1,689	1,821	1,719
85	1,439	1,348	1,953	1,841	1,985	1,874
86	1,569	1,469	2,129	2,006	2,164	2,041
87	1,710	1,600	2,321	2,188	2,359	2,226
88	1,864	1,745	2,530	2,385	2,571	2,426
89	2,033	1,901	2,758	2,599	2,804	2,645
90	2,215	2,074	3,005	2,833	3,056	2,883
91	2,415	2,260	3,275	3,088	3,330	3,141
92	2,633	2,464	3,570	3,365	3,630	3,424
93	2,869	2,686	3,891	3,669	3,958	3,733
94	3,128	2,928	4,241	3,999	4,314	4,069

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	9	9	13	11	18	16
25-29	10	9	14	13	19	18
30-34	11	10	15	14	21	19
35-39	11	10	16	14	23	20
40-44	13	11	18	15	25	21
45	13	11	18	15	25	21
46	13	11	18	16	25	23
47	13	11	18	16	25	23
48	13	11	19	16	25	24
49	14	13	19	16	25	24
50	14	13	19	18	26	24
51	14	13	19	18	26	24
52	14	13	20	18	28	25
53	14	13	21	19	28	25
54	15	14	23	20	29	26
55	16	14	24	21	30	28
56	16	15	25	23	31	29
57	18	15	28	25	34	30
58	19	16	29	26	36	33
59	21	19	30	28	38	34
60	23	20	33	30	40	36
61	24	21	35	31	44	40
62	26	24	38	34	46	41
63	29	26	40	36	49	45
64	30	28	44	40	51	48
65	33	29	48	43	55	50
66	34	31	49	44	56	51
67	35	31	51	46	59	54
68	38	34	54	49	61	56
69	40	36	58	51	65	59
70	44	40	60	54	69	61
71	46	43	63	56	71	65
72	50	45	66	60	75	69
73	53	49	70	64	79	71
74	56	51	75	68	83	75
75	59	54	79	71	86	79
76	63	56	83	75	90	83
77	65	59	86	78	93	85
78	68	61	88	80	94	86
79	70	64	90	81	95	86
80	73	66	90	83	95	86
81	79	73	98	89	103	93
82	88	80	105	96	110	100
83	96	88	115	105	119	108
84	106	98	126	115	129	118
85	115	106	138	125	141	128
86	126	115	150	136	154	139
87	138	126	164	149	168	151
88	150	138	178	161	183	165
89	164	150	194	176	199	180
90	178	164	211	193	216	196
91	194	179	230	209	236	214
92	211	194	251	229	258	233
93	230	211	274	249	280	254
94	251	230	299	271	305	276

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	11	10	16	15	24	21
25-29	13	11	18	16	25	24
30-34	13	13	19	18	28	25
35-39	14	13	21	19	29	28
40-44	15	14	23	21	31	29
45	15	14	23	21	31	29
46	16	14	23	21	31	30
47	18	15	24	21	33	30
48	18	15	24	21	33	30
49	18	15	24	21	34	31
50	18	15	24	23	34	31
51	18	15	25	23	34	31
52	19	15	25	24	35	33
53	19	16	26	25	36	33
54	20	16	29	26	36	34
55	21	18	30	28	39	35
56	21	19	31	29	40	36
57	24	20	34	31	43	39
58	25	21	36	34	45	40
59	28	24	39	36	48	44
60	30	25	41	38	51	46
61	31	28	45	40	55	50
62	34	29	49	44	59	53
63	36	33	51	48	63	56
64	40	34	55	51	66	60
65	43	36	59	54	70	64
66	44	38	61	56	71	65
67	46	40	65	59	74	68
68	49	43	69	63	78	71
69	53	45	73	66	83	75
70	56	49	76	70	88	80
71	61	53	81	75	91	84
72	65	56	86	79	98	89
73	70	60	91	84	101	94
74	75	64	96	88	106	99
75	79	68	101	93	113	103
76	84	71	105	96	116	106
77	88	75	110	100	120	110
78	91	79	113	104	123	113
79	94	80	115	106	124	114
80	96	83	118	108	125	115
81	105	90	128	118	135	124
82	116	100	139	128	145	134
83	128	110	151	139	158	145
84	141	121	165	153	171	158
85	154	133	180	166	188	171
86	168	145	196	181	204	186
87	183	158	214	198	223	204
88	199	171	233	215	243	223
89	218	188	254	235	264	243
90	236	204	278	255	288	264
91	258	223	303	279	314	288
92	281	243	329	304	343	314
93	306	264	359	331	373	341
94	334	288	391	361	406	373

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	13	11	19	18	26	25
25-29	14	13	20	19	29	28
30-34	15	14	21	21	31	29
35-39	16	14	24	23	34	31
40-44	18	15	25	24	36	34
45	18	15	25	24	36	34
46	18	15	25	25	36	34
47	18	16	26	25	38	35
48	18	16	26	25	38	36
49	18	16	28	25	38	36
50	19	16	28	25	38	36
51	19	16	28	26	39	36
52	19	18	29	28	40	36
53	20	19	30	29	40	38
54	21	19	31	30	43	40
55	23	21	34	31	44	40
56	24	21	36	34	46	43
57	25	24	39	36	49	45
58	28	25	41	38	51	46
59	29	26	44	40	55	50
60	31	29	48	44	59	54
61	34	31	51	48	63	58
62	36	34	55	51	68	61
63	39	35	59	55	71	65
64	41	38	63	59	75	69
65	44	40	68	63	79	73
66	46	43	70	65	81	74
67	49	45	73	68	85	78
68	53	48	78	71	90	81
69	55	51	83	76	94	86
70	60	55	89	81	100	91
71	64	59	94	86	105	98
72	69	64	100	91	111	103
73	74	69	105	96	118	108
74	79	73	110	101	123	114
75	84	78	116	106	129	119
76	89	83	121	111	134	123
77	94	86	126	116	139	128
78	98	89	130	120	141	130
79	100	93	133	123	144	133
80	103	94	135	125	145	134
81	111	103	148	136	156	144
82	123	113	160	148	169	156
83	135	124	175	161	184	169
84	150	138	191	178	200	184
85	164	150	209	194	218	201
86	179	164	228	210	238	219
87	194	179	248	230	259	239
88	211	195	270	250	283	260
89	230	213	295	273	308	284
90	251	231	321	298	335	309
91	274	253	350	324	365	336
92	299	275	381	353	399	368
93	325	300	415	385	434	400
94	355	326	453	419	474	436

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	15	14	23	21	31	30
25-29	16	15	24	23	34	31
30-34	18	16	26	24	36	34
35-39	19	18	29	26	40	36
40-44	21	19	30	29	43	40
45	21	19	30	29	43	40
46	21	20	31	29	44	40
47	21	20	31	29	44	41
48	21	20	33	30	45	43
49	23	21	33	30	45	43
50	23	21	34	31	45	43
51	23	21	34	31	46	44
52	24	21	35	33	48	45
53	24	23	36	34	49	46
54	25	24	39	36	51	48
55	28	25	41	39	53	50
56	29	26	44	41	55	51
57	30	29	48	44	59	55
58	33	30	51	48	63	59
59	35	33	55	51	66	61
60	38	35	59	55	71	66
61	40	38	63	59	76	70
62	44	40	66	63	81	75
63	46	44	70	66	86	80
64	50	46	75	70	93	85
65	54	50	79	74	98	91
66	56	53	81	76	101	94
67	59	55	85	80	105	98
68	64	59	91	85	110	103
69	68	63	99	91	116	108
70	73	68	106	99	121	113
71	78	73	114	106	128	119
72	84	79	121	114	135	125
73	90	83	129	119	141	131
74	96	89	135	125	149	138
75	101	94	141	131	155	144
76	108	99	148	138	161	150
77	113	104	154	143	168	155
78	116	108	158	146	170	159
79	119	110	161	150	173	160
80	120	111	164	153	174	161
81	131	121	176	165	186	174
82	143	133	193	180	201	188
83	158	146	210	196	218	203
84	174	161	230	215	236	221
85	190	176	251	235	258	241
86	206	193	274	256	281	263
87	225	210	298	279	306	286
88	245	229	325	304	334	313
89	268	249	354	331	364	340
90	291	271	386	361	396	371
91	318	296	421	394	433	404
92	346	323	459	429	471	441
93	378	351	500	468	514	480
94	411	383	545	510	559	524

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Pre and Post-Stability Policies

Annual Premium per \$10 of Daily Payment Maximum
Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	18	16	26	24	36	34
25-29	19	18	29	26	39	36
30-34	21	19	31	29	43	40
35-39	23	21	34	30	45	43
40-44	24	23	36	33	49	46
45	24	23	36	33	49	46
46	25	24	36	34	50	46
47	25	24	38	34	51	48
48	25	24	38	35	51	49
49	25	25	39	35	53	49
50	26	25	39	36	53	49
51	26	25	40	36	54	50
52	28	26	41	38	55	51
53	29	28	44	40	58	54
54	30	29	46	43	59	55
55	31	30	49	46	63	59
56	34	31	53	49	66	61
57	36	34	56	53	70	65
58	38	36	60	58	74	70
59	41	39	64	61	79	74
60	44	40	69	65	83	78
61	48	44	74	70	89	83
62	51	48	79	74	95	89
63	55	51	83	79	101	95
64	59	55	86	83	108	103
65	64	59	91	86	115	110
66	66	63	94	88	120	114
67	70	66	99	93	125	118
68	75	70	105	99	130	124
69	80	75	114	108	138	129
70	86	81	124	116	144	134
71	93	86	134	126	150	140
72	99	93	144	134	159	148
73	105	99	151	143	166	154
74	113	104	160	150	174	163
75	119	110	168	156	181	170
76	125	116	175	164	189	178
77	131	121	181	170	195	184
78	134	125	186	174	199	188
79	136	128	189	178	200	189
80	139	130	191	180	201	190
81	150	140	206	195	216	204
82	164	154	224	211	233	220
83	179	169	245	231	251	238
84	198	185	269	254	274	258
85	216	203	293	276	298	281
86	235	220	319	301	325	306
87	256	240	349	329	354	334
88	280	261	380	358	386	364
89	305	285	414	390	420	396
90	333	311	451	425	459	433
91	363	339	491	464	500	471
92	395	370	535	505	545	514
93	430	403	584	550	594	560
94	469	439	636	600	648	610

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certification of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Objection 20210706 – Long-Term Care Rate Revision Checklist.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Objection 20201229 - Exhibit I.xlsx Objection 20201117 - Exhibit II.xlsx Objection 20201117 - Exhibit V & VI.xlsx Objection 20201229 - Exhibit III & IV.xlsx LLR Exhibit - 25PctRI w RS Split.pdf CLIC VA Actuarial Memorandum_Revised 20221129.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum_20220407.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	Cover Letter 25PctRI
Comments:	
Attachment(s):	CLIC VA Cover Letter - 25PctRI.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	Third Party Filer Authorization
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State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Comments:	
Attachment(s):	CLIC Third Party Filer Authorization 2020.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CLIC Response to 20200901 Objection with Exhibits
Comments:	
Attachment(s):	CLIC Response to 20200901 Objection with Exhibits.pdf Objection 20200901 Exhibit A.xlsx LTC-100-VA.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Obj 1.1 - Statement of Variability_Schedule.pdf Obj 4.1-4.2 20221129 - Statement of Variability - Decrease Confirmation Letter.pdf Statement of Variability.pdf Statement of Variability_Coverage Decrease Election Form.pdf Statement of Variability_Paid-Up Status Election Form.pdf
Item Status:	Received & Acknowledged
Status Date:	04/13/2023

Satisfied - Item:	CLIC Response to 20201117 Objection
Comments:	
Attachment(s):	CLIC Response to 20201117 Objection.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	Original Act Memo, Exhibits and rates approved 111099
Comments:	
Attachment(s):	Original VA LTC Act Memo and Exhibits LTC 100 approved 111099.pdf VA Original Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CLIC Response to 12-29-20 Objection
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 202011229.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CLIC Response to 1-28-21 Objection
Comments:	
Attachment(s):	Objection 20200901 - Exhibit A.xlsx CLIC VA Response to Obj 20210128 with Exhibits.pdf Objection 20201117 - Exhibit II.xlsx
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CLIC Response to 3-5-21 Objection
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20210305.pdf Objection 20210305 - Itcratereq_sum.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CLIC Response to Obj 20210322 & 20210406
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20210322.pdf CINLIFE VA Response to Obj 20210406.pdf Objection 20210322 Exhibit II.pdf Objection 20210322 Exhibit III.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CLIC Response to Obj 20210706
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20210706.pdf Objection 20210706 – Coverage Change Document.pdf Objection 20210706 – Coverage Decrease Election Form.pdf Objection 20210706 – Paid-Up Status Election Form.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	Policy Holder Notification Letter
Comments:	
Attachment(s):	Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	CLIC VA Response to Obj 20220203
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220203.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	CINLIFE VA Response to Obj 20220216
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220216.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	Contingent Benefit Upon Lapse
Comments:	
Attachment(s):	Form LTC-312-VA (1 02).pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	CINLIFE VA Response to Obj 20220406
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220406.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	Schedule
Comments:	
Attachment(s):	VIRGINIA LTC-100-VA 499 Schedule .pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	Coverage Decrease Confirmation Form Letter
Comments:	
Attachment(s):	Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf
Item Status:	Received & Acknowledged

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Status Date:	03/15/2023
Satisfied - Item:	CINLIFE VA Response to Obj 20220719
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220719.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	CINLIFE VA Response to Obj 20220919
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20220919.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	John Doe versions of forms - Obj 6
Comments:	
Attachment(s):	Obj 6 - Form LTC100 VA1_JohnDoe.pdf Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf Coverage Decrease Election Form_John Doe.pdf Paid-Up Status Election Form_John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	04/13/2023
Satisfied - Item:	CINLIFE VA Response to Obj 20221129
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221129.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	CINLIFE VA Response to Obj 20221228
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20221228.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023
Satisfied - Item:	Form LTC-100-VA
Comments:	
Attachment(s):	Form LTC-100-VA.pdf

State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC 2020 Rates		
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates		

Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CINLIFE VA Response to Obj 20230215
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230215.pdf
Item Status:	Received & Acknowledged
Status Date:	03/15/2023

Satisfied - Item:	CINLIFE VA Response to Obj 20230315
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230315.pdf
Item Status:	Received & Acknowledged
Status Date:	04/13/2023

Satisfied - Item:	CINLIFE VA Response to Obj 20230403
Comments:	
Attachment(s):	CINLIFE VA Response to Obj 20230403.pdf
Item Status:	Received & Acknowledged
Status Date:	04/13/2023

SERFF Tracking #:	GRJR-132365687	State Tracking #:	GRJR-132365687	Company Tracking #:	LTC 2020 RATES
<hr/>					
State:	Virginia	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC 2020 Rates				
Project Name/Number:	LTC 2020 Rates/LTC 2020 Rates				

Attachment Objection 20201229 - Exhibit I.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 20201117 - Exhibit II.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 20201117 - Exhibit V & VI.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 20201229 - Exhibit III & IV.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 20200901 Exhibit A.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 20200901 - Exhibit A.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 20201117 - Exhibit II.xlsx is not a PDF document and cannot be reproduced here.

Virginia Administrative Code

Title 14. Insurance

Agency 5. State Corporation Commission, Bureau Of Insurance

Chapter 101. Rules Governing Life and Health Forms Filings

14VAC5-101-110. Certificate of compliance.

Each form filing shall include a statement identical to the following that is signed by an officer of the company:

The Flesch reading ease score of the filed policy holder notification letter (Policy Holder Notification Letter w single Round of RI.pdf) is 50.0 .

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.



Signature of Officer

Brian Ulery, FSA, MAAA
Printed Name

Principal Consulting Actuary
Title

Statutory Authority

§§ 12.1-13 and 38.2-223 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 36, Issue 9, eff. January 1, 2020.

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	

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FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	
Variability	14VAC5-101-80	<p>A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language.</p> <p>B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text.</p> <p>C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value.</p> <p>D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form.</p> <p>E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.</p>	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	
		(ii) All information required by SERFF.	
	14 VAC 5-130-70 B	Actuarial Memorandum	
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	
	14VAC5-130-70 B 6	<i>The following is applicable to all coverage with the exception of coverage issued in the small group market:</i> (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(iii) If blended, provide the credibility factor assigned to the national experience.	
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	
	14VAC5-200-75 D 4	A statement substantially similar to the following: The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI .	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	
	14VAC5-200-150 B 3	Experienced and projected trends;	
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	
	14VAC5-200-150 B 5	Expected claim fluctuation;	
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	
	14VAC5-200-150 B 7	Renewability features;	
	14VAC5-200-150 B 8	All appropriate expense factors;	
	14VAC5-200-150 B 9	Interest;	
	14VAC5-200-150 B 10	Experimental nature of the coverage;	
	14VAC5-200-150 B 11	Policy reserves;	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series may be approved at one time as part of the current rate increase filing.	
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		premiums paid, if the policy complies with all the following provisions:	
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	
		c. Any exclusions, reductions and limitations on benefits of long-term care;	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. A statement that any long-term care inflation protection option required by 14VAC5-200-100 is not available under this policy;	
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	
		a. Any long-term care benefits paid out during the month;	
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	
		c. The amount of long-term care benefits existing or remaining;	
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	
		a. A description of the basis on which the long-term care rates were determined;	
		b. A description of the basis for the reserves;	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	
		f. The estimated average annual premium per policy and the average issue age;	
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	
		b. The premium rate filing is in compliance with the provisions of this section;	
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	
		(3) The projections shall demonstrate compliance with subsection C of this section; and	
		(4) For exceptional increases,	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	

Review Requirements Checklist
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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	

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		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	
		a. The accumulated value of the initial earned premium times 58%;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times 58%; and	

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		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	
		b. The premium rate filing is in compliance with the provisions of this section;	
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	

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Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(3) The projections shall demonstrate compliance with subsection B of this section; and	
		(4) For exceptional increases:	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	
	14VAC5-200-154 D	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is 43.8.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed: 

Name (please print): Brian Ulery, FSA, MAAA

Title: Principal Consulting Actuary

Company Name: LTCG

Date: 8/3/2021 Phone No: (877) – 431 - 5824

E-Mail Address: brian.ulery@ltcg.com

Exhibit A1
Cincinnati Life Insurance Company
Form Number(s): LTC-100<C-120
All Benefit Periods
Data as of December 31, 2019
Pre Rate Stability Nationwide Experience at Virginia Rate Level

Exposure		With Approved Rate Increases			With Proposed 25% Rate Increase			4.0%
Year	Years	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1999	10	18,239	0	0%	18,239	0	0%	2.2345
2000	278	483,684	0	0%	483,684	0	0%	2.1486
2001	757	1,314,996	0	0%	1,314,996	0	0%	2.0659
2002	1,109	1,923,081	381,142	20%	1,923,081	381,142	20%	1.9865
2003	1,367	2,354,806	441,105	19%	2,354,806	441,105	19%	1.9101
2004	1,470	2,497,342	310,411	12%	2,497,342	310,411	12%	1.8366
2005	1,433	2,430,415	39,533	2%	2,430,415	39,533	2%	1.7660
2006	1,406	2,391,147	1,555,953	65%	2,391,147	1,555,953	65%	1.6980
2007	1,337	2,162,835	318,967	15%	2,162,835	318,967	15%	1.6327
2008	1,298	2,068,693	894,220	43%	2,068,693	894,220	43%	1.5699
2009	1,262	2,007,762	764,533	38%	2,007,762	764,533	38%	1.5096
2010	1,229	1,942,730	643,496	33%	1,942,730	643,496	33%	1.4515
2011	1,201	1,594,472	2,099,779	132%	1,594,472	2,099,779	132%	1.3957
2012	1,166	1,394,224	2,480,313	178%	1,394,224	2,480,313	178%	1.3420
2013	1,130	1,252,543	1,247,684	100%	1,252,543	1,247,684	100%	1.2904
2014	1,098	1,250,639	809,136	65%	1,250,639	809,136	65%	1.2407
2015	1,067	1,232,468	1,587,783	129%	1,232,468	1,587,783	129%	1.1930
2016	1,043	1,171,682	1,720,259	147%	1,171,682	1,720,259	147%	1.1471
2017	1,011	1,126,773	2,361,824	210%	1,126,773	2,361,824	210%	1.1030
2018	986	1,063,739	3,020,656	284%	1,063,739	3,020,656	284%	1.0606
2019	960	1,032,390	2,957,041	286%	1,032,390	2,957,041	286%	1.0198
2020	937	1,023,458	2,884,067	282%	1,023,458	2,884,067	282%	0.9806
2021	895	949,120	3,140,901	331%	949,120	3,140,901	331%	0.9429
2022	850	873,978	3,405,788	390%	983,225	3,405,788	346%	0.9066
2023	803	801,266	3,656,786	456%	1,001,583	3,656,786	365%	0.8717
2024	756	734,107	3,888,555	530%	917,634	3,888,555	424%	0.8382
2025	709	668,789	4,088,881	611%	835,987	4,088,881	489%	0.8060
2026	661	605,650	4,292,995	709%	757,062	4,292,995	567%	0.7750
2027	613	544,989	4,484,292	823%	681,237	4,484,292	658%	0.7452
2028	566	487,186	4,656,639	956%	608,982	4,656,639	765%	0.7165
2029	519	432,581	4,785,308	1106%	540,726	4,785,308	885%	0.6889
2030	474	381,618	4,860,936	1274%	477,022	4,860,936	1019%	0.6624
2031	430	334,458	4,888,801	1462%	418,073	4,888,801	1169%	0.6370
2032	388	291,140	4,857,154	1668%	363,925	4,857,154	1335%	0.6125
2033	348	251,638	4,786,917	1902%	314,548	4,786,917	1522%	0.5889
2034	310	215,950	4,659,456	2158%	269,937	4,659,456	1726%	0.5663
2035	275	184,088	4,477,661	2432%	230,110	4,477,661	1946%	0.5445
2036	242	155,886	4,261,123	2733%	194,858	4,261,123	2187%	0.5235
2037	211	131,080	4,029,479	3074%	163,850	4,029,479	2459%	0.5034
2038	183	109,377	3,804,808	3479%	136,722	3,804,808	2783%	0.4840
2039	158	90,522	3,565,462	3939%	113,153	3,565,462	3151%	0.4654
2040	135	74,318	3,304,245	4446%	92,898	3,304,245	3557%	0.4475
2041	114	60,567	3,014,638	4977%	75,709	3,014,638	3982%	0.4303
2042	96	49,024	2,700,561	5509%	61,280	2,700,561	4407%	0.4138
2043	80	39,447	2,392,168	6064%	49,309	2,392,168	4851%	0.3978
2044	67	31,559	2,100,314	6655%	39,449	2,100,314	5324%	0.3825
2045	55	25,119	1,838,638	7320%	31,399	1,838,638	5856%	0.3678
2046	45	19,874	1,601,211	8057%	24,842	1,601,211	6446%	0.3537
2047	37	15,607	1,390,926	8912%	19,509	1,390,926	7130%	0.3401
2048	30	12,163	1,204,703	9904%	15,204	1,204,703	7923%	0.3270
2049	24	9,391	1,030,149	10970%	11,738	1,030,149	8776%	0.3144
2050	19	7,183	877,424	12216%	8,978	877,424	9773%	0.3023
2051	15	5,434	739,988	13617%	6,793	739,988	10894%	0.2907
2052	12	4,065	611,191	15035%	5,081	611,191	12028%	0.2795
2053	10	3,012	493,735	16395%	3,764	493,735	13116%	0.2688
2054	8	2,213	391,992	17713%	2,766	391,992	14171%	0.2584
2055	6	1,616	305,366	18899%	2,020	305,366	15119%	0.2485
2056	5	1,174	236,865	20182%	1,467	236,865	16145%	0.2389
2057	4	847	181,703	21441%	1,059	181,703	17153%	0.2297
2058	3	608	138,244	22751%	760	138,244	18200%	0.2209
2059	2	431	106,665	24725%	539	106,665	19780%	0.2124
2060	2	301	78,897	26178%	377	78,897	20943%	0.2042
2061	1	208	57,337	27613%	260	57,337	22091%	0.1964
2062	1	141	40,426	28731%	176	40,426	22985%	0.1888
2063	1	94	28,006	29875%	117	28,006	23900%	0.1816
2064	0	61	19,017	31072%	77	19,017	24858%	0.1746
2065	0	39	12,676	32529%	49	12,676	26023%	0.1679
2066	0	24	8,236	33977%	30	8,236	27182%	0.1614
2067	0	15	5,218	35615%	18	5,218	28492%	0.1552
2068	0	9	3,231	37114%	11	3,231	29691%	0.1492
2069	0	5	1,952	38510%	6	1,952	30808%	0.1435
2070	0	3	1,148	39858%	4	1,148	31886%	0.1380
2071	0	2	649	40307%	2	649	32245%	0.1327
2072	0	1	353	40273%	1	353	32219%	0.1276
2073	0	0	185	40185%	1	185	32148%	0.1227
2074	0	0	93	39957%	0	93	31966%	0.1179
2075	0	0	46	38896%	0	46	31117%	0.1134
2076	0	0	21	35901%	0	21	28721%	0.1090
2077	0	0	8	28732%	0	8	22986%	0.1049
2078	0	0	3	22674%	0	3	18139%	0.1008
2079	0	0	1	12668%	0	1	10134%	0.0969
Accumulated Past		51,186,148	30,459,641	60%	51,186,148	30,459,641	60%	
Discounted Future		<u>7,467,183</u>	<u>66,130,024</u>	<u>886%</u>	<u>8,760,317</u>	<u>66,130,024</u>	<u>755%</u>	
Lifetime		58,653,332	96,589,664	165%	59,946,465	96,589,664	161%	

Exhibit A2
Cincinnati Life Insurance Company
Form Number(s): LTC-100<C-120
All Benefit Periods
Data as of December 31, 2019
Post Rate Stability Nationwide Experience at Virginia Rate Level

Year	Exposure Years	With Approved Rate Increases			With Proposed 25% Rate Increase			4.0% Discount
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
1999	0	0	0	0%	0	0	0%	2.2345
2000	0	0	0	0%	0	0	0%	2.1486
2001	0	0	0	0%	0	0	0%	2.0659
2002	15	33,300	0	0%	33,300	0	0%	1.9865
2003	109	182,643	0	0%	182,643	0	0%	1.9101
2004	200	308,730	0	0%	308,730	0	0%	1.8366
2005	197	305,531	0	0%	305,531	0	0%	1.7660
2006	193	302,397	0	0%	302,397	0	0%	1.6980
2007	184	285,398	56,971	20%	285,398	56,971	20%	1.6327
2008	176	270,064	0	0%	270,064	0	0%	1.5699
2009	169	253,479	0	0%	253,479	0	0%	1.5096
2010	168	250,179	0	0%	250,179	0	0%	1.4515
2011	167	201,621	0	0%	201,621	0	0%	1.3957
2012	161	169,652	196,664	116%	169,652	196,664	116%	1.3420
2013	156	159,531	177,331	111%	159,531	177,331	111%	1.2904
2014	154	161,723	5,313	3%	161,723	5,313	3%	1.2407
2015	153	161,141	111	0%	161,141	111	0%	1.1930
2016	150	155,658	0	0%	155,658	0	0%	1.1471
2017	144	152,502	72,921	48%	152,502	72,921	48%	1.1030
2018	140	140,911	201,747	143%	140,911	201,747	143%	1.0606
2019	136	141,500	456,725	323%	141,500	456,725	323%	1.0198
2020	133	146,261	257,359	176%	146,261	257,359	176%	0.9806
2021	128	132,811	281,141	212%	132,811	281,141	212%	0.9429
2022	122	122,727	307,785	251%	138,068	307,785	223%	0.9066
2023	117	113,907	332,021	291%	142,384	332,021	233%	0.8717
2024	111	106,172	359,083	338%	132,716	359,083	271%	0.8382
2025	106	98,528	386,013	392%	123,160	386,013	313%	0.8060
2026	100	91,037	414,535	455%	113,797	414,535	364%	0.7750
2027	94	83,773	444,517	531%	104,716	444,517	424%	0.7452
2028	88	76,720	470,578	613%	95,901	470,578	491%	0.7165
2029	82	69,913	502,424	719%	87,392	502,424	575%	0.6889
2030	76	63,382	535,483	845%	79,228	535,483	676%	0.6624
2031	71	57,150	577,297	1010%	71,437	577,297	808%	0.6370
2032	65	51,222	619,063	1209%	64,027	619,063	967%	0.6125
2033	60	45,586	655,406	1438%	56,982	655,406	1150%	0.5889
2034	54	40,222	681,959	1695%	50,277	681,959	1356%	0.5663
2035	49	35,174	697,123	1982%	43,968	697,123	1586%	0.5445
2036	44	30,473	711,003	2333%	38,091	711,003	1867%	0.5235
2037	40	26,140	712,364	2725%	32,675	712,364	2180%	0.5034
2038	35	22,179	705,440	3181%	27,724	705,440	2545%	0.4840
2039	31	18,562	684,589	3688%	23,202	684,589	2951%	0.4654
2040	27	15,310	652,407	4261%	19,138	652,407	3409%	0.4475
2041	23	12,436	612,472	4925%	15,544	612,472	3940%	0.4303
2042	20	9,932	560,850	5647%	12,415	560,850	4517%	0.4138
2043	17	7,796	504,394	6470%	9,745	504,394	5176%	0.3978
2044	14	5,992	436,502	7284%	7,490	436,502	5827%	0.3825
2045	11	4,511	364,319	8076%	5,639	364,319	6461%	0.3678
2046	9	3,330	296,392	8900%	4,163	296,392	7120%	0.3537
2047	7	2,413	234,100	9703%	3,016	234,100	7762%	0.3401
2048	5	1,715	180,986	10550%	2,144	180,986	8440%	0.3270
2049	4	1,194	139,310	11670%	1,492	139,310	9336%	0.3144
2050	3	810	105,676	13040%	1,013	105,676	10432%	0.3023
2051	2	536	78,034	14554%	670	78,034	11643%	0.2907
2052	1	346	56,134	16236%	432	56,134	12989%	0.2795
2053	1	218	39,295	18066%	272	39,295	14453%	0.2688
2054	1	133	26,762	20072%	167	26,762	16058%	0.2584
2055	0	80	17,799	22369%	99	17,799	17895%	0.2485
2056	0	46	11,506	24930%	58	11,506	19944%	0.2389
2057	0	26	7,209	27688%	33	7,209	22150%	0.2297
2058	0	14	4,401	30786%	18	4,401	24629%	0.2209
2059	0	8	2,622	34264%	10	2,622	27411%	0.2124
2060	0	4	1,523	38094%	5	1,523	30475%	0.2042
2061	0	2	859	42120%	3	859	33696%	0.1964
2062	0	1	466	46037%	1	466	36830%	0.1888
2063	0	0	244	49611%	1	244	39689%	0.1816
2064	0	0	120	51200%	0	120	40960%	0.1746
2065	0	0	58	51795%	0	58	41436%	0.1679
2066	0	0	26	46772%	0	26	37417%	0.1614
2067	0	0	10	36063%	0	10	28851%	0.1552
2068	0	0	4	29325%	0	4	23460%	0.1492
2069	0	0	1	18205%	0	1	14564%	0.1435
2070	0	0	0	0%	0	0	0%	0.1380
2071	0	0	0	0%	0	0	0%	0.1327
2072	0	0	0	0%	0	0	0%	0.1276
2073	0	0	0	0%	0	0	0%	0.1227
2074	0	0	0	0%	0	0	0%	0.1179
2075	0	0	0	0%	0	0	0%	0.1134
2076	0	0	0	0%	0	0	0%	0.1090
2077	0	0	0	0%	0	0	0%	0.1049
2078	0	0	0	0%	0	0	0%	0.1008
2079	0	0	0	0%	0	0	0%	0.0969
Accumulated Past		5,419,165	1,352,666	25%	5,419,165	1,352,666	25%	
Discounted Future		<u>1,137,677</u>	<u>8,353,537</u>	<u>734%</u>	<u>1,341,027</u>	<u>8,353,537</u>	<u>623%</u>	
Lifetime		6,556,842	9,706,203	148%	6,760,192	9,706,203	144%	

Exhibit A3
Cincinnati Life Insurance Company
Form Number(s): LTC-100<C-120
All Benefit Periods
Data as of December 31, 2019
Total (Pre Rate Stability and Post Rate Stability) Nationwide Experience at Virginia Rate Level

Exposure		With Approved Rate Increases			With Proposed 25% Rate Increase			4.0%
Year	Years	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1999	10	18,239	0	0%	18,239	0	0%	2.2345
2000	278	483,684	0	0%	483,684	0	0%	2.1486
2001	757	1,314,996	0	0%	1,314,996	0	0%	2.0659
2002	1,124	1,956,381	381,142	19%	1,956,381	381,142	19%	1.9865
2003	1,476	2,537,449	441,105	17%	2,537,449	441,105	17%	1.9101
2004	1,670	2,806,072	310,411	11%	2,806,072	310,411	11%	1.8366
2005	1,629	2,735,946	39,533	1%	2,735,946	39,533	1%	1.7660
2006	1,598	2,693,544	1,555,953	58%	2,693,544	1,555,953	58%	1.6980
2007	1,521	2,448,234	375,938	15%	2,448,234	375,938	15%	1.6327
2008	1,475	2,338,757	894,220	38%	2,338,757	894,220	38%	1.5699
2009	1,431	2,261,241	764,533	34%	2,261,241	764,533	34%	1.5096
2010	1,397	2,192,909	643,496	29%	2,192,909	643,496	29%	1.4515
2011	1,368	1,796,092	2,099,779	117%	1,796,092	2,099,779	117%	1.3957
2012	1,326	1,563,875	2,676,977	171%	1,563,875	2,676,977	171%	1.3420
2013	1,286	1,412,074	1,425,015	101%	1,412,074	1,425,015	101%	1.2904
2014	1,252	1,412,362	814,449	58%	1,412,362	814,449	58%	1.2407
2015	1,220	1,393,609	1,587,894	114%	1,393,609	1,587,894	114%	1.1930
2016	1,192	1,327,340	1,720,259	130%	1,327,340	1,720,259	130%	1.1471
2017	1,155	1,279,275	2,434,745	190%	1,279,275	2,434,745	190%	1.1030
2018	1,126	1,204,650	3,222,403	267%	1,204,650	3,222,403	267%	1.0606
2019	1,096	1,173,891	3,413,766	291%	1,173,891	3,413,766	291%	1.0198
2020	1,069	1,169,719	3,141,426	269%	1,169,719	3,141,426	269%	0.9806
2021	1,023	1,081,930	3,422,042	316%	1,081,930	3,422,042	316%	0.9429
2022	973	996,705	3,713,573	373%	1,121,293	3,713,573	331%	0.9066
2023	920	915,173	3,988,807	436%	1,143,966	3,988,807	349%	0.8717
2024	867	840,280	4,247,638	506%	1,050,350	4,247,638	404%	0.8382
2025	814	767,317	4,474,894	583%	959,147	4,474,894	467%	0.8060
2026	761	696,687	4,707,530	676%	870,859	4,707,530	541%	0.7750
2027	706	628,762	4,928,809	784%	785,952	4,928,809	627%	0.7452
2028	653	563,906	5,127,217	909%	704,883	5,127,217	727%	0.7165
2029	601	502,494	5,287,732	1052%	628,118	5,287,732	842%	0.6889
2030	550	445,000	5,396,420	1213%	556,250	5,396,420	970%	0.6624
2031	501	391,608	5,466,098	1396%	489,510	5,466,098	1117%	0.6370
2032	453	342,362	5,476,217	1600%	427,952	5,476,217	1280%	0.6125
2033	408	297,224	5,442,323	1831%	371,530	5,442,323	1465%	0.5889
2034	365	256,171	5,341,415	2085%	320,214	5,341,415	1668%	0.5663
2035	324	219,262	5,174,783	2360%	274,077	5,174,783	1888%	0.5445
2036	286	186,359	4,972,126	2668%	232,949	4,972,126	2134%	0.5235
2037	251	157,220	4,741,843	3016%	196,525	4,741,843	2413%	0.5034
2038	219	131,556	4,510,248	3428%	164,446	4,510,248	2743%	0.4840
2039	189	109,084	4,250,052	3896%	136,355	4,250,052	3117%	0.4654
2040	162	89,628	3,956,652	4415%	112,035	3,956,652	3532%	0.4475
2041	138	73,003	3,627,110	4968%	91,253	3,627,110	3975%	0.4303
2042	116	58,956	3,261,411	5532%	73,695	3,261,411	4426%	0.4138
2043	97	47,243	2,896,562	6131%	59,054	2,896,562	4905%	0.3978
2044	80	37,551	2,536,816	6756%	46,939	2,536,816	5404%	0.3825
2045	66	29,630	2,202,957	7435%	37,037	2,202,957	5948%	0.3678
2046	54	23,204	1,897,603	8178%	29,005	1,897,603	6542%	0.3537
2047	44	18,020	1,625,026	9018%	22,525	1,625,026	7214%	0.3401
2048	35	13,879	1,385,689	9984%	17,349	1,385,689	7987%	0.3270
2049	28	10,584	1,169,459	11049%	13,230	1,169,459	8839%	0.3144
2050	22	7,993	983,100	12299%	9,991	983,100	9839%	0.3023
2051	17	5,970	818,022	13701%	7,463	818,022	10961%	0.2907
2052	14	4,411	667,325	15129%	5,514	667,325	12103%	0.2795
2053	11	3,229	533,031	16507%	4,036	533,031	13206%	0.2688
2054	8	2,346	418,753	17847%	2,933	418,753	14278%	0.2584
2055	6	1,695	323,166	19062%	2,119	323,166	15249%	0.2485
2056	5	1,220	248,370	20361%	1,525	248,370	16289%	0.2389
2057	4	873	188,912	21627%	1,092	188,912	17302%	0.2297
2058	3	622	142,645	22935%	777	142,645	18348%	0.2209
2059	2	439	109,287	24891%	549	109,287	19913%	0.2124
2060	2	305	80,420	26334%	382	80,420	21067%	0.2042
2061	1	210	58,196	27754%	262	58,196	22204%	0.1964
2062	1	142	40,892	28855%	177	40,892	23084%	0.1888
2063	1	94	28,250	29978%	118	28,250	23982%	0.1816
2064	0	61	19,137	31149%	77	19,137	24919%	0.1746
2065	0	39	12,734	32584%	49	12,734	26067%	0.1679
2066	0	24	8,261	34007%	30	8,261	27205%	0.1614
2067	0	15	5,228	35616%	18	5,228	28493%	0.1552
2068	0	9	3,236	37101%	11	3,236	29680%	0.1492
2069	0	5	1,953	38478%	6	1,953	30783%	0.1435
2070	0	3	1,148	39798%	4	1,148	31838%	0.1380
2071	0	2	649	40244%	2	649	32195%	0.1327
2072	0	1	353	40208%	1	353	32166%	0.1276
2073	0	0	185	40114%	1	185	32091%	0.1227
2074	0	0	93	39887%	0	93	31909%	0.1179
2075	0	0	46	38830%	0	46	31064%	0.1134
2076	0	0	21	35850%	0	21	28680%	0.1090
2077	0	0	8	28697%	0	8	22957%	0.1049
2078	0	0	3	22641%	0	3	18113%	0.1008
2079	0	0	1	12648%	0	1	10118%	0.0969
Accumulated Past		56,605,313	31,812,307	56%	56,605,313	31,812,307	56%	
Discounted Future		<u>8,604,860</u>	<u>74,483,561</u>	<u>866%</u>	<u>10,101,343</u>	<u>74,483,561</u>	<u>737%</u>	
Lifetime		65,210,173	106,295,868	163%	66,706,657	106,295,868	159%	

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

1. PURPOSE OF FILING

This is a rate increase filing for Cincinnati Life Insurance Company's existing Long Term Care policy form series LTC-100. The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of the jurisdiction and demonstrates compliance with loss ratio regulation. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the Company's Long Term Care policy and rider forms summarized below:

- Policy Form LTC-100-VA (4/99) Tax Qualified
- Rider Form LTC-300 (4/99) (Nonforfeiture Rider)
- Rider Form LTC-301 (4/99) (Restoration of Benefits)
- Rider Form LTC-302 (4/99) (Coverage Amendment Rider)
- Rider Form LTC-312-VA (1/02) (Contingent Benefit Upon Lapse)

The rate increase will apply to all insureds issued coverage under the above referenced forms in this state. These policy forms were issued in Virginia by The Cincinnati Life Insurance Company ("Cincinnati Life") from September 1999 through February 2004 and are no longer being marketed in any jurisdiction.

3. DESCRIPTION OF BENEFITS

These are federally tax-qualified, individually underwritten policy forms that provide comprehensive long term care (LTC) coverage. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured may have had the option to choose one of three benefit increase options: no benefit increases, equal benefit increases, or compound benefit increases. The equal benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% of the daily benefit amount chosen at issue for the life of the insured. The compound benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% compounded annually for the life of the insured. The increasing benefits apply even when the policy is in claim status.

At issue, the insured had the option to choose either a 50-day or 100-day elimination period. The insured also had the option to choose a lifetime payment maximum equal to 730 days (2 years), 1,095 days (3 years), 1,460 days (4 years), or 2,190 days (6 years) multiplied by the daily payment amount, or an unlimited lifetime payment maximum.

Cincinnati Life Insurance Company**Actuarial Memorandum
Policy Form Series LTC-100**

At issue the insured may have had the option of selecting a non-forfeiture benefit rider or restoration of benefits rider.

A contingent benefit upon lapse rider has been provided to all insureds.

4. RENEWABILITY

These policy forms are guaranteed renewable for life.

5. APPLICABILITY

As these policy forms are no longer marketed, this filing is applicable to inforce policies only.

6. MARKETING METHOD

These policy forms were marketed by agents and brokers of Cincinnati Life.

7. UNDERWRITING

These policies were underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician statement, telephone interview and/or face to face interview.

8. AREA FACTORS

Area factors are not used for the product.

9. PREMIUMS

Premiums are unisex and payable for life. The premiums may vary by issue age, lifetime payment maximum, initial daily payment maximum, elimination period, benefit increase option, risk class, group/spousal discounts, and the selection of any riders.

10. PREMIUM MODALIZATION RULES

The following modal factors were applied to the annual premium:

Premium Mode	Factor
Annual	1.00
Semi-Annual	.51
Quarterly	.26
Monthly	.09

Cincinnati Life Insurance Company**Actuarial Memorandum
Policy Form Series LTC-100****11. ISSUE AGE RANGE**

Experience Basis	Issue Age Range
Nationwide	33-81
State Virginia	48-65

12. RESERVES

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2019 have been discounted to the incurral date of each respective claim and included in historical incurred claims. An estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2019, has been allocated to the 2018 and 2019 calendar years of incurral and included in historic incurred claims.

13. CONTINGENCY AND RISK MARGIN

Contingency and risk margins have not been included in the justification for this rate increase.

14. OTHER CONSIDERATIONS

Policy design, underwriting, and claims adjudication practices have been taken into consideration in this rate increase analysis.

15. RATE INCREASE REQUEST

This rate filing is a request for a 25% rate increase. This rate increase is necessary due to higher than expected claims that produce a lifetime loss ratio significantly greater than the original pricing loss ratio. This filing demonstrates that if the current trends continue, and nationwide earned premiums are restated to the historical Virginia rate level, the actual lifetime loss ratio will be 163% (In total including both Pre and Post Rate Stability policies).

The proposed effective date is as soon as possible following approval and fulfillment of all statutory and contractual requirements.

While a larger rate increase can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and will determine the need for an additional premium increase as experience emerges.

16. RATE INCREASE HISTORY

There have not been any previous rate increases on this block of business.

The cumulative approved nationwide average rate increase is 166%.

17. ANNUALIZED PREMIUM

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

The number of policies inforce and average annualized premium in Virginia and nationwide as of December 31, 2019 is shown in the table below:

Experience Basis	Rate Stability	Policies Inforce	Average Annualized Premium*	Average Annualized Premium with a 25% Increase*
Virginia	Pre-RS	11	\$1,862	\$2,328
	Post-RS	4	\$1,455	\$1,819
Nationwide	Pre-RS	971	\$2,903	\$3,628
	Post-RS	136	\$2,661	\$3,326

**Based on premium paying policyholders.*

18. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio for these forms is 60%.

19. ASSUMPTIONS

Interest

The effective annual rate of interest assumed for accumulating historical experience and for discounting projected future experience is 4.0%.

Mortality

Best estimate mortality assumptions for active lives are based on the 2012 Individual Annuity Mortality (IAM) table with selection factors developed from the selection patterns in the 2001 CSO table. To determine the expected active mortality rate, the base mortality rate from the 2012 IAM table is multiplied by an adjustment factor equal to: the select mortality rate from the CSO table using the policy's issue age and duration divided by the ultimate CSO mortality rate for the same attained age. No mortality improvement was assumed.

Disabled life mortality assumptions are based on a percentage of claim terminations.

Voluntary Lapse Rates

Best estimate voluntary lapse rates are derived from a total termination study based on actual experience and are shown in the following table:

	Marital Status at Issue	
	Married	Single
All Issue Ages	0.50%	0.85%

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

Morbidity

Morbidity assumptions are based on company experience and other long term care industry experience from General Re Life Corporation, the reinsurer for this business. Morbidity assumptions are composed of three main components: claim incidence, utilization and claim continuance. Claim incidence rates measure the likelihood of a claim for an LTC policyholder. Utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. Claim continuance refers to the length of time that a policyholder stays on claim once benefit eligibility requirements have been met. Claim incidence, utilization, and claim continuance assumptions are used to estimate claim costs. Morbidity assumptions do not include morbidity improvement.

20. LIFETIME LOSS RATIO

Exhibit A includes calendar year historical experience through December 31, 2019 as well as projected future experience for sixty years both with and without the requested rate increase. The historical incurred claims reflect claim payment run off through December 31, 2019.

The historical and projected future experience is based on nationwide experience for policy form LTC-100, and a similar policy form LTC-120 which was issued during the same time period. Nationwide earned premiums are restated to the historical and projected Virginia rate levels.

A summary of the historical, future and lifetime loss ratios with the 25% requested rate increase shown in the table below:

Lifetime Experience with 25% Requested Rate Increase				
Basis		Earned Premium Historical/Projected VA Rate Levels	Incurred Claims	Loss Ratio
Pre-RS Policies	Accumulated Past	51,186,148	30,459,641	60%
	Discounted Future	8,760,317	66,130,024	755%
	Lifetime	59,946,465	96,589,664	161%
Post-RS Policies	Accumulated Past	5,419,165	1,352,666	25%
	Discounted Future	1,341,027	8,353,537	623%
	Lifetime	6,760,192	9,706,203	144%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after implementation of the rate increases.

21. RATE STABILIZATION DEMONSTRATION

The table below provides a demonstration that the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

December 20, 2022

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

1. Accumulated value of the initial earned premium times 58%,
2. 85% if the accumulated value of prior premium rate schedule increases,
3. Present value of future projected initial earned premium times 58%, and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

The present and accumulated values in the demonstration are determined at the maximum valuation interest rate for contract reserves applicable to the year of issue, which is 4.5%.

Rate Stabilization Loss Ratio Demonstration – Post RS Policies Only					
1. Accumulated value of initial earned premium	5,702,778	x	58%	=	3,307,611
2a. Accumulated value of earned premium	5,702,778				
2b. Accumulated value of prior premium rate schedule increases (2a – 1)	0	x	85%	=	-
3. Present value of future projected initial earned premium	1,103,579	x	58%	=	640,076
4a. Present value of future projected premium	1,298,880				
4b. Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	195,302	x	85%	=	166,007
5. Lifetime Earned Premium Times Prescribed Factor: (1+2b+3+4b)					4,113,693
6a. Accumulated value of incurred claims without the inclusion of active life reserves	1,379,138				
6b. Present value of future projected incurred claims without the inclusion of active life reserves	7,844,604				
7. Lifetime Incurred Claims with Rate Increase: (6a+6b)					9,223,742
8. Test: 7 is not less than 5					TRUE

An increase larger than requested is necessary to certify that the rate schedule is sufficient to cover anticipated costs under moderately adverse experience, and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases.

The majority of policyholders covered by this policy form series were issued before the effective date of rate stabilization regulations. The company is asking for a 25% increase.

22. ACTUARIAL CERTIFICATION

December 20, 2022

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No.8.

I have relied on insured and projection information provided by General Re Life Corporation, the reinsurer for this business. I have not audited or independently verified the data provided but have reviewed it for reasonableness.

Regarding the post stability block, the company has indicated a premium rate increase of 691% is needed to make the certification required in 14VAC5-200-153 B.2, which is larger than the currently requested rate increase of 25%. The premium rate filing is in compliance with all other requirements of this section.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia and the rules of the Office of Insurance. In my opinion the rates are not excessive or unfairly discriminatory. The majority of the business in this filing is subject to pre-rate stability regulations, and the remainder is subject to rate stability regulations. Given the lifetime loss ratio after a 25% rate increase on the pre-rate stability business is still projected to be 161%, we cannot say that the premiums are reasonable in relation to the benefits. Nonetheless, the company is only requesting a 25% rate increase and will continue to monitor experience on the block. Considering post-rate stability business under the 58/85 loss ratio threshold, the premium rates would need to be increased by 691% in order to certify that the premiums are reasonable.

The company has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant thereto.

Respectfully submitted,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

Attachments:

Exhibit A1 – Lifetime Experience Pre Rate Stability policies only Without and With Rate Increase
Exhibit A2 – Lifetime Experience Post Rate Stability policies only Without and With Rate Increase
Exhibit A3 – Lifetime Experience All policies Without and With Rate Increase
Proposed Rate Sheets with Rates after 25% rate increase

December 20, 2022

Exhibit A1
Cincinnati Life Insurance Company
Form Number(s): LTC-100<C-120
All Benefit Periods
Data as of December 31, 2019
Pre Rate Stability Nationwide Experience at Virginia Rate Level

Exposure		With Approved Rate Increases			With Proposed 25% Rate Increase			4.0%
Year	Years	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1999	10	18,239	0	0%	18,239	0	0%	2.2345
2000	278	483,684	0	0%	483,684	0	0%	2.1486
2001	757	1,314,996	0	0%	1,314,996	0	0%	2.0659
2002	1,109	1,923,081	381,142	20%	1,923,081	381,142	20%	1.9865
2003	1,367	2,354,806	441,105	19%	2,354,806	441,105	19%	1.9101
2004	1,470	2,497,342	310,411	12%	2,497,342	310,411	12%	1.8366
2005	1,433	2,430,415	39,533	2%	2,430,415	39,533	2%	1.7660
2006	1,406	2,391,147	1,555,953	65%	2,391,147	1,555,953	65%	1.6980
2007	1,337	2,162,835	318,967	15%	2,162,835	318,967	15%	1.6327
2008	1,298	2,068,693	894,220	43%	2,068,693	894,220	43%	1.5699
2009	1,262	2,007,762	764,533	38%	2,007,762	764,533	38%	1.5096
2010	1,229	1,942,730	643,496	33%	1,942,730	643,496	33%	1.4515
2011	1,201	1,594,472	2,099,779	132%	1,594,472	2,099,779	132%	1.3957
2012	1,166	1,394,224	2,480,313	178%	1,394,224	2,480,313	178%	1.3420
2013	1,130	1,252,543	1,247,684	100%	1,252,543	1,247,684	100%	1.2904
2014	1,098	1,250,639	809,136	65%	1,250,639	809,136	65%	1.2407
2015	1,067	1,232,468	1,587,783	129%	1,232,468	1,587,783	129%	1.1930
2016	1,043	1,171,682	1,720,259	147%	1,171,682	1,720,259	147%	1.1471
2017	1,011	1,126,773	2,361,824	210%	1,126,773	2,361,824	210%	1.1030
2018	986	1,063,739	3,020,656	284%	1,063,739	3,020,656	284%	1.0606
2019	960	1,032,390	2,957,041	286%	1,032,390	2,957,041	286%	1.0198
2020	937	1,023,458	2,884,067	282%	1,023,458	2,884,067	282%	0.9806
2021	895	949,120	3,140,901	331%	949,120	3,140,901	331%	0.9429
2022	850	873,978	3,405,788	390%	983,225	3,405,788	346%	0.9066
2023	803	801,266	3,656,786	456%	1,001,583	3,656,786	365%	0.8717
2024	756	734,107	3,888,555	530%	917,634	3,888,555	424%	0.8382
2025	709	668,789	4,088,881	611%	835,987	4,088,881	489%	0.8060
2026	661	605,650	4,292,995	709%	757,062	4,292,995	567%	0.7750
2027	613	544,989	4,484,292	823%	681,237	4,484,292	658%	0.7452
2028	566	487,186	4,656,639	956%	608,982	4,656,639	765%	0.7165
2029	519	432,581	4,785,308	1106%	540,726	4,785,308	885%	0.6889
2030	474	381,618	4,860,936	1274%	477,022	4,860,936	1019%	0.6624
2031	430	334,458	4,888,801	1462%	418,073	4,888,801	1169%	0.6370
2032	388	291,140	4,857,154	1668%	363,925	4,857,154	1335%	0.6125
2033	348	251,638	4,786,917	1902%	314,548	4,786,917	1522%	0.5889
2034	310	215,950	4,659,456	2158%	269,937	4,659,456	1726%	0.5663
2035	275	184,088	4,477,661	2432%	230,110	4,477,661	1946%	0.5445
2036	242	155,886	4,261,123	2733%	194,858	4,261,123	2187%	0.5235
2037	211	131,080	4,029,479	3074%	163,850	4,029,479	2459%	0.5034
2038	183	109,377	3,804,808	3479%	136,722	3,804,808	2783%	0.4840
2039	158	90,522	3,565,462	3939%	113,153	3,565,462	3151%	0.4654
2040	135	74,318	3,304,245	4446%	92,898	3,304,245	3557%	0.4475
2041	114	60,567	3,014,638	4977%	75,709	3,014,638	3982%	0.4303
2042	96	49,024	2,700,561	5509%	61,280	2,700,561	4407%	0.4138
2043	80	39,447	2,392,168	6064%	49,309	2,392,168	4851%	0.3978
2044	67	31,559	2,100,314	6655%	39,449	2,100,314	5324%	0.3825
2045	55	25,119	1,838,638	7320%	31,399	1,838,638	5856%	0.3678
2046	45	19,874	1,601,211	8057%	24,842	1,601,211	6446%	0.3537
2047	37	15,607	1,390,926	8912%	19,509	1,390,926	7130%	0.3401
2048	30	12,163	1,204,703	9904%	15,204	1,204,703	7923%	0.3270
2049	24	9,391	1,030,149	10970%	11,738	1,030,149	8776%	0.3144
2050	19	7,183	877,424	12216%	8,978	877,424	9773%	0.3023
2051	15	5,434	739,988	13617%	6,793	739,988	10894%	0.2907
2052	12	4,065	611,191	15035%	5,081	611,191	12028%	0.2795
2053	10	3,012	493,735	16395%	3,764	493,735	13116%	0.2688
2054	8	2,213	391,992	17713%	2,766	391,992	14171%	0.2584
2055	6	1,616	305,366	18899%	2,020	305,366	15119%	0.2485
2056	5	1,174	236,865	20182%	1,467	236,865	16145%	0.2389
2057	4	847	181,703	21441%	1,059	181,703	17153%	0.2297
2058	3	608	138,244	22751%	760	138,244	18200%	0.2209
2059	2	431	106,665	24725%	539	106,665	19780%	0.2124
2060	2	301	78,897	26178%	377	78,897	20943%	0.2042
2061	1	208	57,337	27613%	260	57,337	22091%	0.1964
2062	1	141	40,426	28731%	176	40,426	22985%	0.1888
2063	1	94	28,006	29875%	117	28,006	23900%	0.1816
2064	0	61	19,017	31072%	77	19,017	24858%	0.1746
2065	0	39	12,676	32529%	49	12,676	26023%	0.1679
2066	0	24	8,236	33977%	30	8,236	27182%	0.1614
2067	0	15	5,218	35615%	18	5,218	28492%	0.1552
2068	0	9	3,231	37114%	11	3,231	29691%	0.1492
2069	0	5	1,952	38510%	6	1,952	30808%	0.1435
2070	0	3	1,148	39858%	4	1,148	31886%	0.1380
2071	0	2	649	40307%	2	649	32245%	0.1327
2072	0	1	353	40273%	1	353	32219%	0.1276
2073	0	0	185	40185%	1	185	32148%	0.1227
2074	0	0	93	39957%	0	93	31966%	0.1179
2075	0	0	46	38896%	0	46	31117%	0.1134
2076	0	0	21	35901%	0	21	28721%	0.1090
2077	0	0	8	28732%	0	8	22986%	0.1049
2078	0	0	3	22674%	0	3	18139%	0.1008
2079	0	0	1	12668%	0	1	10134%	0.0969
Accumulated Past		51,186,148	30,459,641	60%	51,186,148	30,459,641	60%	
Discounted Future		<u>7,467,183</u>	<u>66,130,024</u>	<u>886%</u>	<u>8,760,317</u>	<u>66,130,024</u>	<u>755%</u>	
Lifetime		58,653,332	96,589,664	165%	59,946,465	96,589,664	161%	

Exhibit A2
Cincinnati Life Insurance Company
Form Number(s): LTC-100<C-120
All Benefit Periods
Data as of December 31, 2019
Post Rate Stability Nationwide Experience at Virginia Rate Level

Year	Exposure Years	With Approved Rate Increases			With Proposed 25% Rate Increase			4.0% Discount
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
1999	0	0	0	0%	0	0	0%	2.2345
2000	0	0	0	0%	0	0	0%	2.1486
2001	0	0	0	0%	0	0	0%	2.0659
2002	15	33,300	0	0%	33,300	0	0%	1.9865
2003	109	182,643	0	0%	182,643	0	0%	1.9101
2004	200	308,730	0	0%	308,730	0	0%	1.8366
2005	197	305,531	0	0%	305,531	0	0%	1.7660
2006	193	302,397	0	0%	302,397	0	0%	1.6980
2007	184	285,398	56,971	20%	285,398	56,971	20%	1.6327
2008	176	270,064	0	0%	270,064	0	0%	1.5699
2009	169	253,479	0	0%	253,479	0	0%	1.5096
2010	168	250,179	0	0%	250,179	0	0%	1.4515
2011	167	201,621	0	0%	201,621	0	0%	1.3957
2012	161	169,652	196,664	116%	169,652	196,664	116%	1.3420
2013	156	159,531	177,331	111%	159,531	177,331	111%	1.2904
2014	154	161,723	5,313	3%	161,723	5,313	3%	1.2407
2015	153	161,141	111	0%	161,141	111	0%	1.1930
2016	150	155,658	0	0%	155,658	0	0%	1.1471
2017	144	152,502	72,921	48%	152,502	72,921	48%	1.1030
2018	140	140,911	201,747	143%	140,911	201,747	143%	1.0606
2019	136	141,500	456,725	323%	141,500	456,725	323%	1.0198
2020	133	146,261	257,359	176%	146,261	257,359	176%	0.9806
2021	128	132,811	281,141	212%	132,811	281,141	212%	0.9429
2022	122	122,727	307,785	251%	138,068	307,785	223%	0.9066
2023	117	113,907	332,021	291%	142,384	332,021	233%	0.8717
2024	111	106,172	359,083	338%	132,716	359,083	271%	0.8382
2025	106	98,528	386,013	392%	123,160	386,013	313%	0.8060
2026	100	91,037	414,535	455%	113,797	414,535	364%	0.7750
2027	94	83,773	444,517	531%	104,716	444,517	424%	0.7452
2028	88	76,720	470,578	613%	95,901	470,578	491%	0.7165
2029	82	69,913	502,424	719%	87,392	502,424	575%	0.6889
2030	76	63,382	535,483	845%	79,228	535,483	676%	0.6624
2031	71	57,150	577,297	1010%	71,437	577,297	808%	0.6370
2032	65	51,222	619,063	1209%	64,027	619,063	967%	0.6125
2033	60	45,586	655,406	1438%	56,982	655,406	1150%	0.5889
2034	54	40,222	681,959	1695%	50,277	681,959	1356%	0.5663
2035	49	35,174	697,123	1982%	43,968	697,123	1586%	0.5445
2036	44	30,473	711,003	2333%	38,091	711,003	1867%	0.5235
2037	40	26,140	712,364	2725%	32,675	712,364	2180%	0.5034
2038	35	22,179	705,440	3181%	27,724	705,440	2545%	0.4840
2039	31	18,562	684,589	3688%	23,202	684,589	2951%	0.4654
2040	27	15,310	652,407	4261%	19,138	652,407	3409%	0.4475
2041	23	12,436	612,472	4925%	15,544	612,472	3940%	0.4303
2042	20	9,932	560,850	5647%	12,415	560,850	4517%	0.4138
2043	17	7,796	504,394	6470%	9,745	504,394	5176%	0.3978
2044	14	5,992	436,502	7284%	7,490	436,502	5827%	0.3825
2045	11	4,511	364,319	8076%	5,639	364,319	6461%	0.3678
2046	9	3,330	296,392	8900%	4,163	296,392	7120%	0.3537
2047	7	2,413	234,100	9703%	3,016	234,100	7762%	0.3401
2048	5	1,715	180,986	10550%	2,144	180,986	8440%	0.3270
2049	4	1,194	139,310	11670%	1,492	139,310	9336%	0.3144
2050	3	810	105,676	13040%	1,013	105,676	10432%	0.3023
2051	2	536	78,034	14554%	670	78,034	11643%	0.2907
2052	1	346	56,134	16236%	432	56,134	12989%	0.2795
2053	1	218	39,295	18066%	272	39,295	14453%	0.2688
2054	1	133	26,762	20072%	167	26,762	16058%	0.2584
2055	0	80	17,799	22369%	99	17,799	17895%	0.2485
2056	0	46	11,506	24930%	58	11,506	19944%	0.2389
2057	0	26	7,209	27688%	33	7,209	22150%	0.2297
2058	0	14	4,401	30786%	18	4,401	24629%	0.2209
2059	0	8	2,622	34264%	10	2,622	27411%	0.2124
2060	0	4	1,523	38094%	5	1,523	30475%	0.2042
2061	0	2	859	42120%	3	859	33696%	0.1964
2062	0	1	466	46037%	1	466	36830%	0.1888
2063	0	0	244	49611%	1	244	39689%	0.1816
2064	0	0	120	51200%	0	120	40960%	0.1746
2065	0	0	58	51795%	0	58	41436%	0.1679
2066	0	0	26	46772%	0	26	37417%	0.1614
2067	0	0	10	36063%	0	10	28851%	0.1552
2068	0	0	4	29325%	0	4	23460%	0.1492
2069	0	0	1	18205%	0	1	14564%	0.1435
2070	0	0	0	0%	0	0	0%	0.1380
2071	0	0	0	0%	0	0	0%	0.1327
2072	0	0	0	0%	0	0	0%	0.1276
2073	0	0	0	0%	0	0	0%	0.1227
2074	0	0	0	0%	0	0	0%	0.1179
2075	0	0	0	0%	0	0	0%	0.1134
2076	0	0	0	0%	0	0	0%	0.1090
2077	0	0	0	0%	0	0	0%	0.1049
2078	0	0	0	0%	0	0	0%	0.1008
2079	0	0	0	0%	0	0	0%	0.0969
Accumulated Past		5,419,165	1,352,666	25%	5,419,165	1,352,666	25%	
Discounted Future		<u>1,137,677</u>	<u>8,353,537</u>	<u>734%</u>	<u>1,341,027</u>	<u>8,353,537</u>	<u>623%</u>	
Lifetime		6,556,842	9,706,203	148%	6,760,192	9,706,203	144%	

Exhibit A3
Cincinnati Life Insurance Company
Form Number(s): LTC-100<C-120
All Benefit Periods
Data as of December 31, 2019
Total (Pre Rate Stability and Post Rate Stability) Nationwide Experience at Virginia Rate Level

Exposure		With Approved Rate Increases			With Proposed 25% Rate Increase			4.0%
Year	Years	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1999	10	18,239	0	0%	18,239	0	0%	2.2345
2000	278	483,684	0	0%	483,684	0	0%	2.1486
2001	757	1,314,996	0	0%	1,314,996	0	0%	2.0659
2002	1,124	1,956,381	381,142	19%	1,956,381	381,142	19%	1.9865
2003	1,476	2,537,449	441,105	17%	2,537,449	441,105	17%	1.9101
2004	1,670	2,806,072	310,411	11%	2,806,072	310,411	11%	1.8366
2005	1,629	2,735,946	39,533	1%	2,735,946	39,533	1%	1.7660
2006	1,598	2,693,544	1,555,953	58%	2,693,544	1,555,953	58%	1.6980
2007	1,521	2,448,234	375,938	15%	2,448,234	375,938	15%	1.6327
2008	1,475	2,338,757	894,220	38%	2,338,757	894,220	38%	1.5699
2009	1,431	2,261,241	764,533	34%	2,261,241	764,533	34%	1.5096
2010	1,397	2,192,909	643,496	29%	2,192,909	643,496	29%	1.4515
2011	1,368	1,796,092	2,099,779	117%	1,796,092	2,099,779	117%	1.3957
2012	1,326	1,563,875	2,676,977	171%	1,563,875	2,676,977	171%	1.3420
2013	1,286	1,412,074	1,425,015	101%	1,412,074	1,425,015	101%	1.2904
2014	1,252	1,412,362	814,449	58%	1,412,362	814,449	58%	1.2407
2015	1,220	1,393,609	1,587,894	114%	1,393,609	1,587,894	114%	1.1930
2016	1,192	1,327,340	1,720,259	130%	1,327,340	1,720,259	130%	1.1471
2017	1,155	1,279,275	2,434,745	190%	1,279,275	2,434,745	190%	1.1030
2018	1,126	1,204,650	3,222,403	267%	1,204,650	3,222,403	267%	1.0606
2019	1,096	1,173,891	3,413,766	291%	1,173,891	3,413,766	291%	1.0198
2020	1,069	1,169,719	3,141,426	269%	1,169,719	3,141,426	269%	0.9806
2021	1,023	1,081,930	3,422,042	316%	1,081,930	3,422,042	316%	0.9429
2022	973	996,705	3,713,573	373%	1,121,293	3,713,573	331%	0.9066
2023	920	915,173	3,988,807	436%	1,143,966	3,988,807	349%	0.8717
2024	867	840,280	4,247,638	506%	1,050,350	4,247,638	404%	0.8382
2025	814	767,317	4,474,894	583%	959,147	4,474,894	467%	0.8060
2026	761	696,687	4,707,530	676%	870,859	4,707,530	541%	0.7750
2027	706	628,762	4,928,809	784%	785,952	4,928,809	627%	0.7452
2028	653	563,906	5,127,217	909%	704,883	5,127,217	727%	0.7165
2029	601	502,494	5,287,732	1052%	628,118	5,287,732	842%	0.6889
2030	550	445,000	5,396,420	1213%	556,250	5,396,420	970%	0.6624
2031	501	391,608	5,466,098	1396%	489,510	5,466,098	1117%	0.6370
2032	453	342,362	5,476,217	1600%	427,952	5,476,217	1280%	0.6125
2033	408	297,224	5,442,323	1831%	371,530	5,442,323	1465%	0.5889
2034	365	256,171	5,341,415	2085%	320,214	5,341,415	1668%	0.5663
2035	324	219,262	5,174,783	2360%	274,077	5,174,783	1888%	0.5445
2036	286	186,359	4,972,126	2668%	232,949	4,972,126	2134%	0.5235
2037	251	157,220	4,741,843	3016%	196,525	4,741,843	2413%	0.5034
2038	219	131,556	4,510,248	3428%	164,446	4,510,248	2743%	0.4840
2039	189	109,084	4,250,052	3896%	136,355	4,250,052	3117%	0.4654
2040	162	89,628	3,956,652	4415%	112,035	3,956,652	3532%	0.4475
2041	138	73,003	3,627,110	4968%	91,253	3,627,110	3975%	0.4303
2042	116	58,956	3,261,411	5532%	73,695	3,261,411	4426%	0.4138
2043	97	47,243	2,896,562	6131%	59,054	2,896,562	4905%	0.3978
2044	80	37,551	2,536,816	6756%	46,939	2,536,816	5404%	0.3825
2045	66	29,630	2,202,957	7435%	37,037	2,202,957	5948%	0.3678
2046	54	23,204	1,897,603	8178%	29,005	1,897,603	6542%	0.3537
2047	44	18,020	1,625,026	9018%	22,525	1,625,026	7214%	0.3401
2048	35	13,879	1,385,689	9984%	17,349	1,385,689	7987%	0.3270
2049	28	10,584	1,169,459	11049%	13,230	1,169,459	8839%	0.3144
2050	22	7,993	983,100	12299%	9,991	983,100	9839%	0.3023
2051	17	5,970	818,022	13701%	7,463	818,022	10961%	0.2907
2052	14	4,411	667,325	15129%	5,514	667,325	12103%	0.2795
2053	11	3,229	533,031	16507%	4,036	533,031	13206%	0.2688
2054	8	2,346	418,753	17847%	2,933	418,753	14278%	0.2584
2055	6	1,695	323,166	19062%	2,119	323,166	15249%	0.2485
2056	5	1,220	248,370	20361%	1,525	248,370	16289%	0.2389
2057	4	873	188,912	21627%	1,092	188,912	17302%	0.2297
2058	3	622	142,645	22935%	777	142,645	18348%	0.2209
2059	2	439	109,287	24891%	549	109,287	19913%	0.2124
2060	2	305	80,420	26334%	382	80,420	21067%	0.2042
2061	1	210	58,196	27754%	262	58,196	22204%	0.1964
2062	1	142	40,892	28855%	177	40,892	23084%	0.1888
2063	1	94	28,250	29978%	118	28,250	23982%	0.1816
2064	0	61	19,137	31149%	77	19,137	24919%	0.1746
2065	0	39	12,734	32584%	49	12,734	26067%	0.1679
2066	0	24	8,261	34007%	30	8,261	27205%	0.1614
2067	0	15	5,228	35616%	18	5,228	28493%	0.1552
2068	0	9	3,236	37101%	11	3,236	29680%	0.1492
2069	0	5	1,953	38478%	6	1,953	30783%	0.1435
2070	0	3	1,148	39798%	4	1,148	31838%	0.1380
2071	0	2	649	40244%	2	649	32195%	0.1327
2072	0	1	353	40208%	1	353	32166%	0.1276
2073	0	0	185	40114%	1	185	32091%	0.1227
2074	0	0	93	39887%	0	93	31909%	0.1179
2075	0	0	46	38830%	0	46	31064%	0.1134
2076	0	0	21	35850%	0	21	28680%	0.1090
2077	0	0	8	28697%	0	8	22957%	0.1049
2078	0	0	3	22641%	0	3	18113%	0.1008
2079	0	0	1	12648%	0	1	10118%	0.0969
Accumulated Past		56,605,313	31,812,307	56%	56,605,313	31,812,307	56%	
Discounted Future		<u>8,604,860</u>	<u>74,483,561</u>	<u>866%</u>	<u>10,101,343</u>	<u>74,483,561</u>	<u>737%</u>	
Lifetime		65,210,173	106,295,868	163%	66,706,657	106,295,868	159%	

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: The Cincinnati Life Insurance Company NAIC # 76236

SERFF Tracking Number: GRJR-132365687

Revised Rates

Average Annual Premium Per Member: 1,754

Average Requested Percentage Rate Change Per Member: 25.0%

Range of Requested Rate Changes: 25.0%

Number of Virginia Policyholders Affected: 15

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
Form LTC-100-VA (4/99)	Deluxe Plan	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-300 (4/99)	Nonforfeiture Rider	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-301 (4/99)	Restoration of Benefits	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-302 (4/99)	Coverage Amendment Rider	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.
Form LTC-312-VA (1/02)	Contingent Benefit Upon Lapse	9/1999-2/2004	None	The original request was for three rounds of 25%. At the department of insurance's request the company reduced the request to be a single round of 25%. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

(Rev. 06/19)

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, when an insured voluntarily cancels their policy, interest earned on premiums paid, and the total cost of each claim. The actual results are much higher than these original projections. The reasons for this are due to individuals living longer, keeping their policies longer, lower interest rates, and the increased cost of a claim. All of these factors have led to more claims that are more costly than originally anticipated. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.



20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

January 20, 2022

Virginia Insurance Department
Attn: Life and Health Rate Review Section

Re: The Cincinnati Life Insurance Company
NAIC # 76236

Rate Increase for:

- Policy Form LTC-100-VA (4/99) Tax Qualified
- Rider Form LTC-300 (4/99) (Nonforfeiture Rider)
- Rider Form LTC-301 (4/99) (Restoration of Benefits)
- Rider Form LTC-302 (4/99) (Coverage Amendment Rider)
- Rider Form LTC-312-VA (1/02) (Contingent Benefit Upon Lapse)

Dear Sir or Madam:

On behalf of Cincinnati Life Insurance Company ("Cincinnati Life"), we at Long Term Care Group, Inc. (LTCG) are submitting the enclosed actuarial memorandum for your review and approval. A letter from Cincinnati Life authorizing LTCG to make this rate filing on behalf of Cincinnati Life is included.

The enclosed actuarial memorandum details a request for 25% rate increase, for Cincinnati Life's long term care insurance Policy Form Series 100. During the call with the Insurance Department in September, the Department offered a single rate increase of 25%.

The company discontinued sales of this form series in calendar year 2004. We are requesting this rate increase because claims are higher than expected and produce a lifetime loss ratio significantly greater than the original pricing loss ratio.

The company will offer insureds affected by the premium increase several options to change their benefits. These options will allow insureds the flexibility to maintain their current premium level, if desired. Additionally, Cincinnati Life will offer a contingent benefit upon lapse to all insured affected by the rate increase.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 826-7227 or send me an email at Brian.Ulery@ltcg.com.

Thank you for your assistance in reviewing this filing.

Respectfully,

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG



A subsidiary of The Cincinnati Insurance Company

Affiliated with: The Cincinnati Indemnity Company ■ The Cincinnati Casualty Company
The Cincinnati Specialty Underwriters Insurance Company

Letter of Authorization

To: Department of Insurance

The Cincinnati Life Insurance Company ("Cincinnati Life") has an agreement with LTCCG to administer its long-term care book of business. This letter authorizes LTCCG to make various policy form filings, including premium rate filings on behalf of Cincinnati Life. This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from Cincinnati Life expressly terminating this authorization; or (b) 31st of December 2021.

Please accept this letter of authorization for the purposes stated above. Should you have any questions regarding the above, please forward your comments to:

The Cincinnati Life Insurance Company
6200 South Gilmore Road
Fairfield, OH 45014

Michael T. Tiernan, FSA, MAAA
Assistant Vice President
and Chief Actuary

July 15, 2020

Date



20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

September 30, 2020

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR THE CINCINNATI LIFE INSURANCE COMPANY
PROJECT NAME: LTC 2020 RATES
SERFF TRACKING NO: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated September 1, 2020. Your letter indicated you would like additional information. Specifically, you stated:

Objection 1 - Proposed Rates (Rate)

- 1) *Since this filing is for a rate revision, please change the Rate Action from New to Revised and complete the Rate Action Information.*

This revision has been made.

- 2) *Include the state filing tracking number for the original filing, if available, and attach a copy of the originally approved filing under Supporting Documentation.*

The requested information has been included.

- 3) *Please include all applicable Form and Rider numbers under Affected Form Numbers. The form numbers are inconsistent between the Rate/Rule Schedule, the Actuarial Memorandum and the most recent Annual Rate Report filings (LTCG-132001102 and LTCG-132000962).*

The Form and Rider numbers has been revised to match those included in the most recent Annual Rate Report filings. This revision is also reflected in the attached Cover Letter and Objection 20200901 Actuarial Memorandum.

- 4) *Please confirm if the rates associated with Rider Form LTC-312-VA (1/02) are attached under the Rate/Rule Schedule.*

There are currently no Virginia policies with the Contingent Benefit Upon Lapse Rider Form LTC-312. This form has been removed from the Affected Form Numbers.

Objection 2 - Policies

- 1) *In order to determine compliance for policies issued prior to 10/1/2003 as set forth in 14VAC5-200-150, and those issued on or after 10/1/2003 as set forth in 14VAC5-200-153, please break out the number of policies accordingly as well as providing separate exhibits illustrating experience and projections.*

Please see the attached 'Objection 20200901 Actuarial Memorandum' and 'Objection 20200901 Exhibit A.xlsx' for the requested information.

- 2) *Are there any partnership policies outstanding in the Virginia block?*

There are no outstanding partnership policies on the Virginia block.

Objection 3 - L&H Actuarial Memorandum (Supporting Document)

- 1) *Please update the actuarial certification for compliance with 14VAC5-130-70 B 14 (premiums reasonable in relation to the benefits provided) and 14VAC5-200-153 B 2.*

Please see the attached 'Objection 20200901 Actuarial Memorandum' for the requested information.

- 2) *Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.*

Please see the attached 'Objection 20200907 Exhibit A.xlsx' for the requested information.

- 3) *We note that the Company reported that the premium rates were insufficient in the Annual Rate Reports submitted for CY 2015 - 2018. Please explain why a rate increase request has not been filed prior to this time.*

Due to competing business priorities, LTC rate reviews weren't funded for all states through internal resourcing discussions during those years.

Objection 4 - Long Term Care Insurance Rate Request Summary (Supporting Document)

- 1) *Please include the full company name ("The" Cincinnati Life Insurance Company).*

This revision has been made.

- 2) *Please complete the Product Name and Outlook for Future Rate Increases sections.*

This revision has been made.

- 3) *Please attach a narrative to the Rate Summary in easy to understand, consumer-friendly language, so that any person reviewing this filing would understand the reason for the rate increase and its driving factors.*

September 30, 2020

Page 3 of 3

Please see the attached Rate Request Summary for the requested narrative.

Objection 5

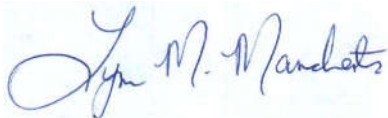
Per 14VAC5-200-75, please provide a premium increase notification letter under the Form Schedule for our review.

- *A Statement of Variability should be provided, as necessary, and placed under the Supporting Documentation section.*
- *Any attachments, FAQ, or other documents included in the policy holder notification mailing should also be provided in the Supporting Documentation section.*
- *After our review, a John Doe letter will be requested demonstrating the final example of how the letter will appear to a policy/certificate holder.*

Please see the attached 'CLIC Policyholder Notification Letter' for the requested information.

We look forward to hearing from you.

Sincerely,

A handwritten signature in blue ink that reads "Lynn M. Manchester". The signature is fluid and cursive, with the first name "Lynn" being more prominent.

Lynn Manchester, FSA, MAAA
Principal Consulting Actuary
LTCG



20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

September 30, 2020

Virginia Insurance Department
Attn: Life and Health Rate Review Section

Re: The Cincinnati Life Insurance Company
NAIC # 76236

Rate Increase for:

Policy Form LTC-100-VA (4/99) Tax Qualified
Rider Form LTC-300 (4/99) (Nonforfeiture Rider)
Rider Form LTC-301 (4/99) (Restoration of Benefits)
Rider Form LTC-302 (4/99) (Coverage Amendment Rider)

Dear Sir or Madam:

On behalf of Cincinnati Life Insurance Company ("Cincinnati Life"), we at Long Term Care Group, Inc. (LTCG) are submitting the enclosed actuarial memorandum for your review and approval. A letter from Cincinnati Life authorizing LTCG to make this rate filing on behalf of Cincinnati Life is included.

The enclosed actuarial memorandum details the request for a 100% increase for Cincinnati Life's long term care insurance Policy Form Series 100.

The company discontinued sales of this form series in calendar year 2004. We are requesting this rate increase because claims are higher than expected and produce a lifetime loss ratio significantly greater than the original pricing loss ratio.

The company will offer insureds affected by the premium increase several options to change their benefits. These options will allow insureds the flexibility to maintain their current premium level, if desired. Additionally, Cincinnati Life will offer a contingent benefit upon lapse to all insured affected by the rate increase.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 826-7243 or send me an email at Lynn.Manchester@ltcg.com.

Thank you for your assistance in reviewing this filing.

Respectfully,

Lynn Manchester, FSA, MAAA
Principal Consulting Actuary
LTCG

Cincinnati Life Insurance Company**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100****1. PURPOSE OF FILING**

This is a rate increase filing for Cincinnati Life Insurance Company's existing Long Term Care policy form series LTC-100. The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of the jurisdiction and demonstrates compliance with loss ratio regulation. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the Company's Long Term Care policy and rider forms summarized below:

Policy Form LTC-100-VA (4/99) Tax Qualified
Rider Form LTC-300 (4/99) (Nonforfeiture Rider)
Rider Form LTC-301 (4/99) (Restoration of Benefits)
Rider Form LTC-302 (4/99) (Coverage Amendment Rider)

The rate increase will apply to all insureds issued coverage under the above referenced forms in this state. These policy forms were issued in Virginia by The Cincinnati Life Insurance Company ("Cincinnati Life") from September 1999 through February 2004 and are no longer being marketed in any jurisdiction.

3. DESCRIPTION OF BENEFITS

These are federally tax-qualified, individually underwritten policy forms that provide comprehensive long term care (LTC) coverage. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured may have had the option to choose one of three benefit increase options: no benefit increases, equal benefit increases, or compound benefit increases. The equal benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% of the daily benefit amount chosen at issue for the life of the insured. The compound benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% compounded annually for the life of the insured. The increasing benefits apply even when the policy is in claim status.

At issue, the insured had the option to choose either a 50-day or 100-day elimination period. The insured also had the option to choose a lifetime payment maximum equal to 730 days (2 years), 1,095 days (3 years), 1,460 days (4 years), or 2,190 days (6 years) multiplied by the daily payment amount, or an unlimited lifetime payment maximum.

Cincinnati Life Insurance Company**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100**

At issue the insured may have had the option of selecting a non-forfeiture benefit rider or restoration of benefits rider.

A contingent benefit upon lapse rider has been provided to all insureds.

4. RENEWABILITY

These policy forms are guaranteed renewable for life.

5. APPLICABILITY

As these policy forms are no longer marketed, this filing is applicable to inforce policies only.

6. MARKETING METHOD

These policy forms were marketed by agents and brokers of Cincinnati Life.

7. UNDERWRITING

These policies were underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician statement, telephone interview and/or face to face interview.

8. AREA FACTORS

Area factors are not used for the product.

9. PREMIUMS

Premiums are unisex and payable for life. The premiums may vary by issue age, lifetime payment maximum, initial daily payment maximum, elimination period, benefit increase option, risk class, group/spousal discounts, and the selection of any riders.

10. PREMIUM MODALIZATION RULES

The following modal factors were applied to the annual premium:

Premium Mode	Factor
Annual	1.00
Semi-Annual	.51
Quarterly	.26
Monthly	.09

Cincinnati Life Insurance Company**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100****11. RESERVES**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2019 have been discounted to the incurral date of each respective claim and included in historical incurred claims. An estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2019, has been allocated to the 2018 and 2019 calendar years of incurral and included in historic incurred claims.

12. CONTINGENCY AND RISK MARGIN

Contingency and risk margins have not been included in the justification for this rate increase.

13. RATE INCREASE REQUEST

This rate filing is a request for a 100% increase. This rate increase is necessary due to higher than expected claims that produce a lifetime loss ratio significantly greater than the original pricing loss ratio. This filing demonstrates that if the current trends continue, and nationwide earned premiums are restated to the historical Virginia rate level, the actual lifetime loss ratio will be 163%.

The proposed effective date is as soon as possible following approval and fulfillment of all statutory and contractual requirements.

While a larger rate increase can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and will determine the need for an additional premium increase as experience emerges.

14. RATE INCREASE HISTORY

There have not been any previous rate increases on this block of business.

The cumulative approved nationwide average rate increase is 166%.

15. ANNUALIZED PREMIUM

The number of policies in force and average annualized premium in Virginia and nationwide as of December 31, 2019 is shown in the table below:

Cincinnati Life Insurance Company

Objection 20200901 Actuarial Memorandum Policy Form Series LTC-100

Experience Basis	Rate Stability	Policies Inforce	Average Annualized Premium*	Average Annualized Premium with a 100% Increase*
Virginia	Pre-RS	11	\$1,862	\$3,724
	Post-RS	4	\$1,455	\$2,911
Nationwide	Pre-RS	971	\$2,903	\$5,805
	Post-RS	136	\$2,661	\$5,321

**Based on premium paying policyholders.*

16. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio for these forms is 60%.

17. ASSUMPTIONS

Interest

The effective annual rate of interest assumed for accumulating historical experience and for discounting projected future experience is 4.0%.

Mortality

Best estimate mortality assumptions for active lives are based on the 2012 Individual Annuity Mortality (IAM) table with selection factors developed from the selection patterns in the 2001 CSO table. To determine the expected active mortality rate, the base mortality rate from the 2012 IAM table is multiplied by an adjustment factor equal to: the select mortality rate from the CSO table using the policy's issue age and duration divided by the ultimate CSO mortality rate for the same attained age. No mortality improvement was assumed.

Disabled life mortality assumptions are based on a percentage of claim terminations.

Voluntary Lapse Rates

Best estimate voluntary lapse rates are derived from a total termination study based on actual experience and are shown in the following table:

	Marital Status at Issue	
	Married	Single
All Issue Ages	0.50%	0.85%

Morbidity

Morbidity assumptions are based on company experience and other long term care industry experience from General Re Life Corporation, the reinsurer for this business. Morbidity assumptions are composed of three main components: claim incidence, utilization and claim

Cincinnati Life Insurance Company

Objection 20200901 Actuarial Memorandum Policy Form Series LTC-100

continuance. Claim incidence rates measure the likelihood of a claim for an LTC policyholder. Utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. Claim continuance refers to the length of time that a policyholder stays on claim once benefit eligibility requirements have been met. Claim incidence, utilization, and claim continuance assumptions are used to estimate claim costs. Morbidity assumptions do not include morbidity improvement.

18. LIFETIME LOSS RATIO

Exhibit A includes calendar year historical experience through December 31, 2019 as well as projected future experience for sixty years both with and without the requested rate increase. The historical incurred claims reflect claim payment run off through December 31, 2019.

The historical and projected future experience is based on nationwide experience for policy form LTC-100, and a similar policy form LTC-120 which was issued during the same time period. Nationwide earned premiums are restated to the historical and projected Virginia rate levels.

A summary of the historical, future and lifetime loss ratios with the requested 100% rate increase shown in the table below:

Lifetime Experience with Requested 100% Increase				
Basis		Earned Premium Historical/Projected VA Rate Levels	Incurred Claims	Loss Ratio
Pre-RS Policies	Accumulated Past	51,186,148	30,459,641	59.5%
	Discounted Future	13,483,337	66,130,024	490.5%
	Lifetime	64,669,485	96,589,664	149.4%
Post-RS Policies	Accumulated Past	5,419,165	1,352,666	25.0%
	Discounted Future	2,069,322	8,353,537	403.7%
	Lifetime	7,488,487	9,706,203	129.6%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after implementation of the rate increases.

19. RATE STABILIZATION

The table below provides a demonstration that the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%,
2. 85% if the accumulated value of prior premium rate schedule increases,
3. Present value of future projected initial earned premium times 58%, and

Cincinnati Life Insurance Company

Objection 20200901 Actuarial Memorandum Policy Form Series LTC-100

4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

The present and accumulated values in the demonstration are determined at the maximum valuation interest rate for contract reserves applicable to the year of issue, which is 4.5%.

Rate Stabilization Loss Ratio Demonstration – Post RS Policies Only					
1. Accumulated value of initial earned premium	5,702,778	x	58%	=	3,307,611
2a. Accumulated value of earned premium	5,702,778				
2b. Accumulated value of prior premium rate schedule increases (2a – 1)	0	x	85%	=	0
3. Present value of future projected initial earned premium	1,103,579	x	58%	=	640,076
4a. Present value of future projected premium	2,001,918				
4b. Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	898,339	x	85%	=	763,588
5. Lifetime Earned Premium Times Prescribed Factor: (1+2b+3+4b)					4,711,275
6a. Accumulated value of incurred claims without the inclusion of active life reserves	1,379,138				
6b. Present value of future projected incurred claims without the inclusion of active life reserves	7,844,604				
7. Lifetime Incurred Claims with Rate Increase: (6a+6b)					9,223,742
8. Test: 7 is not less than 5					TRUE

An increase larger than requested is necessary to certify that the rate schedule is sufficient to cover anticipated costs under moderately adverse experience, and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases.

The majority of policyholders covered by this policy form series were issued before the effective date of rate stabilization regulations. The company is asking for a 100% increase now in the event an additional increase is not necessary. As a result, all policyholders will be treated consistently and fairly.

20. ACTUARIAL CERTIFICATION

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

September 30, 2020

Cincinnati Life Insurance Company

**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100**

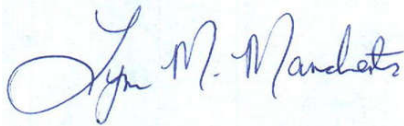
This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No.8.

I have relied on insured and projection information provided by General Re Life Corporation, the reinsurer for this business. I have not audited or independently verified the data provided but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia and the rules of the Office of Insurance. In my opinion the rates are not excessive or unfairly discriminatory and premiums are reasonable in relation to the benefits provided. If the requested increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

The company has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant thereto.

Respectfully submitted,

A handwritten signature in blue ink, reading "Lynn M. Manchester". The signature is fluid and cursive, with the first name "Lynn" and last name "Manchester" clearly legible.

Lynn Manchester, FSA, MAAA
Principal Consulting Actuary
LTCG

September 30, 2020

DATE

«FIELD_2» «FIELD_3» «FIELD_4»
«FIELD_6»
«FIELD_7»
«FIELD_8» «FIELD_9» «FIELD_10»

RE: Long-Term Care Insurance Plan
Policy Number: POL_NO

Dear NAME:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that The Cincinnati Life Insurance Company (Cincinnati Life) has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are fully explained in this offer.

Feature			Current Annual Premium	New Annual Premium
Increase at RIPCT	Effective Date	EFFDT	\$CURPREM	\$RIPREM

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, Cincinnati Life has determined that an increase in the renewal premium rate for your policy type is necessary. As required, the increase in renewal premiums has been presented to and approved by your state Department of Insurance and will apply to all policies in your state of issue and policy form in accordance with the terms of your policy contract. This premium change is based on the overall experience of all policies in your class and has nothing to do with your current age, health status, claims history or any personal factors. Premiums are increasing because people are living longer than expected and keeping their policies for a longer time.

The company will continue to monitor experience. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by your state Department of Insurance before being implemented.

What are My Options, including those to Minimize My Premium Increase?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. We also understand that some policyholders may not be willing or able to pay the higher premium or that your family or financial situation may be different today than it was when you originally bought your long-term care insurance product. We would like to suggest that you consider your existing coverage as well as the new premium on the coverage and consider whether you continue to need the coverage that you originally bought. You may have bought a daily benefit, coverage period or level of inflation protection that you may no longer need. During this period, we ask you to consider whether you may want to reduce your coverage to reduce your overall premium.

What are my Options?

We know how important your long-term care coverage is to you and that this action may affect individual policyholders in different ways. Your options and the action you must take to select one of them are explained below. The effective date of your selected option is EFFDT.

Option 1: Your premium automatically increases and your coverage amounts continue as reflected under Option 1 in the benefits chart on the following page. This option is automatic and does not require any action on your part.

Your premium will automatically increase by RIPCT% at the next policy anniversary, if no action is taken. Your MODE premium will be adjusted to \$RIMODPREM beginning EFFDT. If you pay premiums through electronic fund transfer, your premiums will be adjusted automatically to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your billing.

Feature	Current	New
MODE Premium	\$CURMODPREM	\$RIMODPREM

Option 2: You may take a one-time decrease to your coverage amounts and your current premium remains the same as reflected under Option 2 in the chart below.

To select this option, please sign, date, and return the enclosed “Coverage Decrease Election Form” in the envelope provided no later than **30 days** from the date of this letter.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum. Please note that this option limits the amount of future benefits you are eligible to receive.

To select this option, please complete and return the enclosed “Paid-Up Status Election Form” in the enclosed envelope no later than 120 days from the date of this letter.

Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Care Daily Maximum	\$NHMDB	\$NHMDB	\$DGNHMDB	\$NHMDB
Assisted Living Facility Care Daily Maximum	\$AFLMDB	\$ALFMDB	\$DGALFMDB	\$ALFMDB
Home Health Care Daily Maximum	\$HHCMDB	\$HHCMDB	\$DGHHCMDB	\$HHCMDB
Total Coverage Amount	Unlimited	Unlimited	Unlimited	\$POOL
MODE Premium	\$CURMODPREM	\$RIMODPREM	\$CURMODPREM	\$0

NOTE: Your premium will automatically increase effective EFFDT if you don’t return either of the enclosed election forms.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

CLIC Policyholder Notification Letter

We realize that this offer is complicated. Please call our special toll-free number (888) 555-1234 and speak to our customer service representatives Monday through Friday, 8 a.m. to 6 p.m. Eastern Time or email us at Cincilifeltc@lctg.com. We thank you for your business and look forward to serving you for many years.

Sincerely,

A

Administrator
The Cincinnati Life Insurance Company

Enclosure

cc: «FIELD_2» «FIELD_3» «FIELD_4»
«FIELD_6»
«FIELD_7»
«FIELD_8» «FIELD_9» «FIELD_10»

Detach and return in separate envelope

Address Change Reminder:

If your address has changed from that printed above, please indicate your correct address below and return this page to the address provided:

Name: _____ Policy Number: _____

Street/P. O. Box _____

City _____ State _____ ZIP Code _____

Telephone (____) _____ - _____ Date: _____

Return To: The Cincinnati Life Long-Term Care Program
Administrator
P.O. BOX 64904
ST. PAUL, MN 55164

Frequently Asked Questions

1. I thought that my long-term care premiums would remain constant throughout my life and that they couldn't be increased. How can Cincinnati Life Insurance Company increase my rates?

Your policy is guaranteed renewable for your lifetime as long as you pay the premiums and have not exhausted your Lifetime Payment Maximum. However, the terms of your policy do allow the Company to change the renewal premium rate provided that it is changed for all like policies in your state of residence. Cincinnati Life does realize that this price increase will affect policy owners and may influence their satisfaction with the product and company, so you can be sure that Cincinnati Life only implements these types of changes after it extensively reviews the situation and determines that the changes are required and filed with the appropriate Department of Insurance. Cincinnati Life deeply values all its customer relationships and hopes to continue serving you for many years to come.

2. Why is Cincinnati Life increasing long-term care premiums?

Long Term Care insurance is like other financial products in that many factors and assumptions influence the design and price of the product. Some examples may include projected administration expenses, expected investment results, projected claim rates, etc. And like other insurance companies Cincinnati Life must regularly review the current and projected results of its insurance products against the specific design assumptions. If such analysis indicates an imbalance or gap in the product pricing assumptions, then the Company may implement changes, e.g., a premium rate increase, as allowed by the terms of the policy contract.

3. How were the increase percentages determined?

The amount of the increase was determined after conducting a financial review on your type of product as described above. The analysis was conducted at the policy form level meaning that no particular individual's policy was singled out for review alone. The amount of the increase is based on the projected imbalance between pricing assumptions and actual and forecasted results. After determining that an increase in renewal premium rates was necessary, Cincinnati Life then presented and filed the changes with your state Department of Insurance.

4. What is Option #3 and how does it impact my options for this increase to my rates?

With this increase to your rates, you may qualify for a third option called Contingent Benefits Upon Lapse (CBUL). If you are eligible for the CBUL, Option #3 will appear with this rate increase notification. Eligibility for the CBUL is defined in your policy language. The CBUL (or Paid-Up Status) will allow you to keep your daily benefit levels the same, with a decreased total coverage amount and would eliminate any further payments you need to make toward your policy. CBUL will be effective on the date the rate increase becomes effective if we receive your request prior to that date. If your request for CBUL is received after the date in which the increase is scheduled to go into effect, your CBUL effective date will be the first of the following month in which the request was received.

5. What if I cannot afford or do not want the increase?

- Your required payment amount will increase if you choose Option #1 or make no selection at all.
- However, we are also offering Option #2 that enables you to choose to have decreased coverage amounts in exchange for keeping your required payments at the current level. Please note that if you prefer Option #2, then you must sign, date, and return the Coverage Decrease Election Form no later than the date specified on such form.
- In addition, you may qualify for the Contingent Benefits Upon Lapse (CBUL) provision of your policy. If you are eligible for the CBUL, Option #3 will appear with this rate increase notification. The CBUL (or Paid-Up Status) will allow you to keep your daily benefit levels the same with a decreased total coverage amount and would eliminate any further payments toward the policy. In order to select Option #3, you must sign, date and return the Paid-Up Status Election Form. This must be done based upon the following criteria:
 - Your policy must be paid-up to the date in which the increase to your rates is scheduled to go into effect
 - Your request must be received no later than 120 days after the date in which your rates are scheduled to increase

6. If my plan includes the built-in inflation feature, how does my choice of options affect this feature?

- If you choose Option #1 (higher premium amount and the same benefit amounts), the maximum benefit amounts calculated for the next policy year will be unaffected.

CLIC Policyholder Notification Letter

- If you choose Option #2 (same premium amount but with reduced benefit amounts), the maximum benefit amounts calculated for the next policy year will be based on the decreased maximum benefit amounts specified under Option #2.
- If you choose Option #3 (CBUL/Convert to paid-up status), the maximum benefit amounts will decrease based upon your policy language.

**THE
CINCINNATI LIFE INSURANCE COMPANY**

**Long Term Care Offices
[P. O. Box 5714, Hopkins, Minnesota, 55343-5714]**

LONG TERM CARE INSURANCE POLICY

Name of Policyholder: [John Alan Doe]

Policy Number: [ABC1234567]

This policy is intended to be a tax-qualified contract under the Internal Revenue Code. SEE THE PROVISIONS ON PAGE 2

DECLARATIONS

<p>This policy has been issued by The Cincinnati Life Insurance Company. Our home office is in Fairfield, Ohio; and this policy is serviced by our Long Term Care Offices in Hopkins, Minnesota. We are pleased to issue this insurance policy to you. It has many important features. We urge you, the Policyholder, to read it carefully.</p>

RENEWABILITY

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE: You, the Policyholder shown above, have the right, subject to the terms of this policy, to continue it as long as you pay the required premiums on time. We cannot change any of the terms of this policy on our own, except that, in the future, we may increase the premiums.

**30-DAY RIGHT TO
EXAMINE YOUR
POLICY**

You have 30 days from the day you receive this policy to examine and return it to us if you decide not to keep it. You do not have to tell us your reason for returning the policy. Simply return it to us at our Long Term Care Offices or to the agent or office through which it was bought. We will refund the full amount of any premium paid within 30 days of such a policy return; and the policy will be void from the start.

**IMPORTANT CAUTION
ABOUT THE
APPLICATION**

This policy may not apply when you have a claim! Please Read! The issuance of this long term care insurance policy is based upon the responses to questions on the application. A copy of that application is enclosed. If an Insured Person's answers are incorrect or untrue, we have the right to deny benefits or rescind the policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of an Insured Person's answers are incorrect, contact our Long Term Care Offices at this address: The Cincinnati Life Insurance Company Long Term Care Offices, [P.O. Box 5714, Hopkins, Minnesota 55343-5714.]

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.

NOTICE TO BUYER: This policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

This policy is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the policy was issued or issued for delivery. If you have any questions regarding the tax qualification of this product, you should direct such questions to the appropriate federal agency, or you should consult your tax advisor.

FEDERAL TAX QUALIFICATION PROVISIONS

This section describes our intent that this be a qualified contract.

Conformity with Internal Revenue Code

This policy is intended to be a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If, on its Effective Date, the policy does not comply with the requirements of the above-cited section, it will be treated as if it had been changed to comply with those requirements. Because the policy is guaranteed renewable, we will inform you in writing of any required change in the provisions of this policy; and you will be given the choice of accepting the change, or retaining the policy without that change.

TABLE OF CONTENTS

These are the major provisions of the policy in the order in which they appear.

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DECLARATIONS (This describes some general rights and obligations)	1
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SCHEDULE.....	3
GLOSSARY	4
(Here you can find the definition of terms used throughout the policy. Additional definitions are found in some of the Benefit Provisions.)	
BENEFIT PROVISIONS.....	6
(Here you can find a description of the specific Benefits provided by the contract and how you qualify for them.)	
EXCLUSIONS AND LIMITATIONS	14
BASIC CONTRACT PROVISIONS (Provisions discussing this contract in general)	16
CLAIMS PROVISIONS	17
(This section describes the claims process. It includes: what must be done initially; how and when to file a claim; how we evaluate a claim and pay benefits; and how to appeal a claim denial.)	
EFFECTIVE DATE AND PREMIUM PROVISIONS.....	20
(This section describes the actions to be taken to place and keep the policy in force. It includes the Waiver of Premium and Grace Period provisions. It also describes the safeguards provided against loss of coverage if premiums are not paid on time.)	
A copy of the application for this policy	Attached
Any appropriate Riders, Endorsements, Notices and other papers.....	Attached

Refer to the Schedule to determine the Benefits, Options and applicable coverage details.

SCHEDULE

THE CINCINNATI LIFE INSURANCE COMPANY

Policy Number: [ABC1234567]

Policy Effective Date: [April 1, 1999]

Name and Address of Policyholder:

Insured Spouse: [Mary Jane Doe][None]

[John Alan Doe]
[4321 Main Street]
[Anytown, Anystate, US 99999]

POLICY COVERAGES

Privileged Care Coordination Services.....	Included
Home Care Benefit	Included
Caregiver Training Benefit	Included
Equipment Benefit	Included
Supplementary Benefit.....	Included
Long Term Care Facility Benefit.....	Included
Bed Reservation Benefit	Included
Survivorship Benefit	Included
Waiver of Premium.....	Included

COVERAGE LIMITS

Elimination Period*	[50] [100] DAYS
Daily Payment Maximum*	[\$100.00]
Lifetime Payment Maximum	[\$146,000.00]

* These limits do not always apply – refer to the Benefit Provisions for details.

INFLATION PROTECTION

[NO BENEFIT INCREASES]

[EQUAL 5% BENEFIT INCREASES - The Daily and Lifetime Payment Maximum amounts will each increase on every anniversary of the Effective Date of this policy. Annual increases will apply to benefits payable for any expenses incurred on or after the date of the increase. Each increase will be equal to 5% of the original amounts.]

[COMPOUND 5% BENEFIT INCREASES - The Daily and Lifetime Payment Maximum amounts will each increase on every anniversary of the Effective Date of this policy. Annual increases will apply to benefits payable for any expenses incurred on or after the date of the increase. The first increase will be equal to 5% of the original amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior increase.]

[OPTIONAL BENEFIT RIDERS]

[RESTORATION OF BENEFITS	Effective with the Policy]
[NONFORFEITURE BENEFIT	Effective with the Policy]

See the next page for Premium Information.

SCHEDULE (Continued)

THE CINCINNATI LIFE INSURANCE COMPANY

Policy Number: [ABC1234567]

Name of Policyholder: [John Alan Doe]

PREMIUM INFORMATION

RATE CLASSIFICATION: Policyholder -[Standard]/[Preferred] [with Spousal Discount]
[Insured Spouse -[Standard]/[Preferred] [with Spousal Discount]]

ANNUAL PREMIUMS: Basic Policy Coverage [\$xx.xx]
Inflation Protection [\$xx.xx]
[Optional Rider(s)]
• [Restoration of Benefits \$xx.xx]
• [Nonforfeiture Benefit \$xx.xx]
Annual Total [\$xx.xx]

FIRST PREMIUM
[\$aaa.aa]

PREMIUM PAYMENT MODE
[Quarterly]

MODAL PREMIUM
[\$bbb.bb]

GLOSSARY

This section defines words and phrases used on a general basis in the policy. Additional terms are defined in the Benefit Provisions.

- Activities of Daily Living** Each of the following is considered to be an Activity of Daily Living:
- Bathing:** Washing oneself: (a) by sponge bath; or (b) in either a tub or shower, including the task of getting into or out of the tub or shower.
 - Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
 - Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
 - Continence:** The ability to maintain control of bowel and bladder functions; or when unable to maintain control of bowel and bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
 - Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
 - Transferring:** Moving in and out of a bed, chair or wheelchair.
- Daily Payment Maximum** This is the greatest amount we will pay for all expenses an Insured Person incurs on any one day. Unless specifically stated in a Benefit, this limit applies to the combined total for all benefit payments provided by the policy for that person. The Daily Payment Maximum that applies on the Effective Date of the policy is shown in the Schedule. If the Schedule states that Inflation Protection applies, the Benefit Increases provision in the Schedule states how the Daily Payment Maximum will increase over time.
- Elimination Period** The number of days for which an Insured Person must incur expenses that qualify for benefit payments under the policy; but for which we will NOT pay benefits. Days used to satisfy the Elimination Period do not need to be consecutive, but must occur within a two-year period.
- Once an Insured Person has satisfied this Elimination Period requirement, he or she will never have to satisfy a new Elimination Period for the policy. The Schedule shows the number of days in each Insured Person's Elimination Period.
- Note, the Elimination Period does not apply to: Privileged Care Coordination Services; Respite Care covered under the Home Care Benefit; the Caregiver Training Benefit; the Equipment Benefit; or the Home Care Benefit when the Privileged Care Coordinator Option is used.
- Family Member** Your spouse and anyone who is related to you or your spouse (including adopted, in-law and step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

Insured Person	You, the Policyholder named in the Schedule, and your Insured Spouse, if any, who is also named in the Schedule or in an attached coverage rider.
Licensed Health Care Practitioner	Any of the following who is not a Family Member: a physician (as defined in section 1861(r)(1) of the Social Security Act); a registered professional nurse; a licensed social worker; or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.
Lifetime Payment Maximum	The combined total amount we will pay as benefits under this policy. This amount is shown in the Schedule. If the Schedule states that Inflation Protection applies, the Benefit Increases provision in the Schedule states how the Lifetime Payment Maximum will increase over time.
Medicaid	Title XIX of the Social Security Amendments of 1965 as then constituted or later amended which in Virginia is the program administered in accordance with Title 32.1.
Medicare	The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.
Nurse	Someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.
Policy Year	Each 12-month period beginning with the Effective Date of the policy, as shown in the Schedule.
Prevailing Expenses	Expenses, fees or charges actually incurred by an Insured Person which do not exceed the level of charges normally made for similar care, service or other items provided to persons with comparable medical conditions or impairments in the locality where they are received. An expense, fee or charge is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.
You, Your	The Policyholder named in the Schedule.
We, Us, Our	The Cincinnati Life Insurance Company.

BENEFIT PROVISIONS	
LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS	
This section describes the Benefits payable under the policy.	

BENEFIT ELIGIBILITY

Eligibility For The Payment Of Benefits: For an Insured Person to be eligible for Benefits provided by the policy we must receive ongoing proof, including a Current Eligibility Certification, which demonstrates, based on information from care providers, personal physicians and other Licensed Health Care Practitioners, that the covered care is needed due to the Insured Person continually:

- being unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- requiring Substantial Supervision to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

**Current Eligibility
Certification Defined**

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that the Insured Person meets the above requirements.

The Claims Provisions section describes the claims evaluation process.

Additional Definitions

An **Activity of Daily Living** is one of the following: Bathing; Dressing; Eating; Continence; Toileting; and Transferring. Definitions of these activities are found in the Glossary.

Substantial Assistance means:

- "Standby Assistance" which is the presence of another person within arm's reach of the Insured Person that is necessary to prevent, by physical intervention, injury to the Insured Person while he or she is performing the Activity of Daily Living; or
- "Hands-on Assistance" which is the physical assistance of another person without which the Insured Person would be unable to perform the Activity of Daily Living.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that:

- is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
 - short-term or long-term memory;
 - orientation as to people, places or time; and
 - deductive or abstract reasoning.

Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (as may result from wandering).

Maintenance or Personal Care Services is any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the Insured Person is a chronically ill individual, including the protection from threats to health and safety due to severe cognitive impairment.

Qualified Long Term Care Services means necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services which: are required by a chronically ill individual; and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

CONDITIONS

Benefits will be paid only for expenses an Insured Person incurs for covered care that is received pursuant to his or her Plan of Care and while his or her insurance is in force.

Benefit payments are subject to: the Elimination Period requirements; the applicable Daily Payment Maximum and Lifetime Payment Maximum; and all other provisions of the policy.

**Plan of Care
Defined**

A **Plan of Care** is a written, individualized plan for care and support services for an Insured Person that:

- Has been developed as a result of an assessment and incorporates any information provided by his or her personal physician; and
- Has been prescribed by a Licensed Health Care Practitioner; and
- Fairly, accurately and appropriately addresses his or her long term care and support service needs; and
- Specifies: the type, frequency and duration of all services required to meet those needs; the providers appropriate to furnish those services; and an estimate of the cost of such services.

The Plan of Care must be updated as the Insured Person's needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make copies of the current Plan of Care available to the Insured Person's personal physician.

**PRIVILEGED CARE
COORDINATION
SERVICES**

This is an option you may
choose to use.

We will pay the expenses an Insured Person incurs for Privileged Care Coordination Services furnished by a Privileged Care Coordinator. Expenses we pay for Privileged Care Coordination Services will NOT count against the policy's Lifetime Payment Maximum.

No Daily Payment Maximum or Elimination Period: The Daily Payment Maximum does not apply to payments made under this provision. This provision is not subject to, and may not be used to satisfy, any Elimination Period.

Definitions A **Privileged Care Coordinator** is a Licensed Health Care Practitioner designated by us to provide Privileged Care Coordination Services.

Privileged Care Coordination Services include, but are not limited to:

- Developing and prescribing a Plan of Care appropriate for the Insured Person's condition.
- Providing the initial and ongoing certifications required to satisfy the Current Eligibility Certification requirements.
- Suggesting a variety of formal and informal care and support service providers and possible financial resources available to meet the needs identified in the Insured Person's Plan of Care.
- Assistance with implementing an Insured Person's Plan of Care by scheduling and coordinating the care and support service providers he or she has chosen from those suggested by the Privileged Care Coordinator.
- Ongoing monitoring of the care and support services an Insured Person is receiving. This will include periodic reassessments to determine revisions to the Plan of Care that are warranted by changes in the Insured Person's care and support service needs.

HOME CARE BENEFIT

This is an option
the Insured Person
may choose to use.

Benefits of the Privileged Care Coordinator Option: The following benefits apply when an Insured Person receives care and support services exclusively in accordance with a Plan of Care developed by a Licensed Health Care Practitioner who is a Privileged Care Coordinator:

- We will pay 100% of the expenses he or she incurs for the following care and services that are consistent with that Plan of Care:
 - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
 - Home Health Aide and Personal Care Attendant Services;
 - Homemaker Services;
 - Chore Services;
 - Adult Day Care;
 - Hospice Care; and
 - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)
- Payment for the above expenses will be subject to a monthly maximum, rather than the Daily Payment Maximum, based on the number of days in the month in which payment is made.
- The policy will be eligible for monthly waiver of any premiums becoming due while an Insured Person is receiving the above care and support services.

No Elimination Period: When this option is used, we will waive the Insured Person's Elimination Period for these care and support services. In addition, each day the Insured Person incurs expenses for the above care and support services (except Respite Care) will count toward satisfying his or her Elimination Period for other benefits that are subject to an Elimination Period.

This applies when the
above option is not used.

Benefits When Any Other Plan of Care Is Used: The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner who is not a Privileged Care Coordinator:

- We will pay 100% of the Prevailing Expenses he or she incurs for:
 - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
 - Adult Day Care;
 - Hospice Care;
 - The first 21 days of Respite Care he or she receives during a Policy Year (Respite Care is not subject to, nor will it satisfy any Elimination Period.); and
- We will pay 80% of the Prevailing Expenses he or she incurs for:
 - Home Health Aide and Personal Care Attendant Services;
 - Homemaker Services; and
 - Chore Services; and
- We will not waive the Elimination Period requirement for care and support services received in accordance with that Plan of Care; and
- Payment for all expenses he or she incurs on any one day will always be subject to the Daily Payment Maximum.

Definitions **Adult Day Care** means a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

Chore Services means assistance a person provides with light work or household tasks the Insured Person would normally perform. This is limited to assistance provided when: the Insured Person is no longer capable of performing the work or tasks (because of his or her need for assistance); they are necessary to or consistent with the Insured Person's ability to remain safely at home; and an informal (unpaid) caregiver is not available. This may include such activities as: simple household repairs; taking out the garbage; and related tasks that do not require the services of a trained aide or attendant.

Home Health Aide and Personal Care Attendant Services means assistance a person provides with the following tasks when necessary to, or consistent with, the Insured Person's ability to remain safely at home: simple health care tasks; personal hygiene; performing Activities of Daily Living; managing medications; and other related supportive tasks. Providers of these services may be independent and do not need to be affiliated with a home health care agency.

Homemaker Services means assistance a person provides with activities necessary to or consistent with the Insured Person's needs to manage and maintain a household when he or she is no longer capable of managing those activities and an informal (unpaid) caregiver is not available. This may include such activities as: preparing meals; doing laundry; and doing incidental household tasks.

Hospice Care means services (not prescription drugs) that are designed to provide palliative care to an Insured Person or to alleviate the person's physical, emotional and spiritual discomforts because he or she is experiencing the last phases of life due to a terminal disease (six months or less to live).

Respite Care is short-term care provided in order to relieve an Insured Person's primary informal (unpaid) caregiver in the Insured Person's home. It can be furnished in an institution, in the Insured Person's home, or at a community-based program.

**CAREGIVER
TRAINING BENEFIT**

We will pay the Prevailing Expenses an Insured Person incurs for training an informal (unpaid) caregiver to care for the Insured Person in his or her home. All of the following conditions apply to the payment of this Benefit.

- We will not pay for training provided to someone who will be paid to care for the Insured Person.
- The training cannot be received while the Insured Person is confined in a hospital or Long Term Care Facility, unless it is reasonably expected that the training will make it possible for the Insured Person to go home where he or she can be cared for by the person receiving the training.

No Elimination Period: This Benefit is not subject to, and may not be used to satisfy, any Elimination Period.

Limitations on Benefit Payments: The lifetime maximum total amount we will pay with respect to an Insured Person under this Caregiver Training Benefit is an amount equal to five times his or her Daily Payment Maximum. Payment under this Benefit will not count against any Daily Payment Maximum.

EQUIPMENT BENEFIT

We will pay the Prevailing Expenses an Insured Person incurs for the purchase or rental of Supportive Equipment when all of the following conditions are satisfied.

- The equipment must be intended to assist the Insured Person in living at home or in other residential housing by relieving his or her need for direct physical assistance.
- It must be reasonably expected that the equipment will enable the Insured Person to remain at home or in other residential housing for at least 90 days after the date of purchase or first rental.
- The equipment must be specified in, and consistent with, the Insured Person's Plan of Care.

Supportive Equipment is equipment, such as the following, which meets the above conditions: pumps and other devices for intravenous injection; ramps to permit movement from one level of the residence to another; grab bars to assist in toileting; and other mechanical aids. It does not include either: equipment that will, other than incidentally, increase the value of the residence in which it is installed; or artificial limbs, teeth, medical supplies, or equipment placed in the Insured Person's body, temporarily or permanently.

No Elimination Period: This Benefit is not subject to, and may not be used to satisfy, any Elimination Period.

Limitations on Benefit Payments: The lifetime maximum total amount we will pay with respect to an Insured Person under this Equipment Benefit is an amount equal to 50 times his or her Daily Payment Maximum. Payment under this Benefit will not count against any Daily Payment Maximum.

**SUPPLEMENTARY
BENEFIT**

(For expenses not
otherwise covered;
upon approval by us.)

We will pay the Prevailing Expenses an Insured Person incurs for care, treatment, services, supplies or other items received in accordance with a Supplementary Benefit plan.

Any plan may be adopted as a **Supplementary Benefit** as long as:

- it clearly specifies the benefits to be payable;
- it provides coverage only for Qualified Long Term Care Services; and
- it is mutually agreeable to the Insured Person, his or her personal physician and us as a cost-effective alternative to benefits otherwise available under the policy.

Benefits are not payable for any expenses incurred either: prior to the date of mutual agreement; or after the Lifetime Payment Maximum has been reached. Agreement to participate in a Supplementary Benefit plan will not waive any of the rights an Insured Person or we have under the policy.

A Supplementary Benefit plan may be discontinued at any time without affecting the Insured Person's right to the benefits otherwise available under the policy.

Examples: A Supplementary Benefit plan may pay for the use of providers, facilities or supports not otherwise covered by the policy. Examples include, but are not limited to:

- In-home safety devices.
- Home delivered meals.
- Stays in other types of facilities.
- Additional equipment benefits.

APPROVED

Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance

DATE 01/10/99
BY apb

**LONG TERM CARE
FACILITY BENEFIT**

We will pay the expenses an Insured Person incurs for care and support services (including room and board, but not prescription drugs) provided by a Long Term Care Facility. This includes expenses that an Insured Person incurs for private duty nursing care provided in such a facility by a Nurse who is not employed by the facility. All such expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in that facility. He or she must be confined there as a resident inpatient.

**Long Term Care
Facility Defined**

An institution* (such as a nursing home, assisted care facility or Alzheimer's facility) which is licensed by the appropriate federal or state agency to engage primarily in providing care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment. It must also:

- Provide such care and services on a 24-hour-a-day basis;
- Have a trained and ready to respond employee on duty at all times to provide such care and services;
- Provide three meals a day and accommodate special dietary needs;
- Have arrangements with a duly licensed physician or Nurse to furnish medical care in case of an emergency;
- Have the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications; and
- Have accommodations for at least five resident inpatients in one location, unless it has been determined by us, based on information from our Privileged Care Coordinator, that it has the services and facilities required to appropriately address the Insured Person's needs as described in his or her Plan of Care (even with accommodations for less than five resident inpatients).

A Long Term Care Facility is NOT: a hospital or clinic; a subacute care or rehabilitation hospital or unit; a place which operates primarily for the treatment of alcoholism, drug addiction or mental illness; the Insured Person's primary place of residence in an area used principally for independent residential living (including, but not limited to, boarding homes and adult foster care facilities); or a substantially similar establishment.

- * If an institution has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a Long Term Care Facility only if it: meets all of the above criteria; is authorized by its license, to the extent that licensing is required by law, to provide such care to inpatients; and is engaged principally in providing not only room and board, but also care and services which meet all of those criteria.

**BED RESERVATION
BENEFIT**

We will continue to pay benefits, or give Elimination Period credit, under the Long Term Care Facility Benefit for each day an Insured Person:

- is temporarily absent during a stay in the Long Term Care Facility; and
- is charged to reserve his or her accommodations in that facility.

We will do this for a total of not more than the first 21 days per person (continuous or not) of such absence during a Policy Year.

**SURVIVORSHIP
BENEFIT**

When an Insured Person's spouse dies after this policy has been in force for at least ten years, no further premium payments will be required for this policy if:

- Both the Insured Person and such spouse continuously had long term care insurance coverage in force with us, other than under a Nonforfeiture Benefit, on the date of death of the spouse and for at least the prior ten-year period; and
- Such spouse's coverage included a similar Survivorship Benefit; and
- No long term care benefits were paid or payable by us for the Insured Person or spouse during the first ten years of such concurrent coverage.

EXCLUSIONS AND LIMITATIONS

This section states the conditions under which payment will be limited, or not made at all, even if an Insured Person otherwise qualifies for benefits. These conditions apply to all benefits provided by the policy and to all attached riders.

EXCLUSIONS

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- Provided by a Family Member, unless:
 - the Family Member is a regular employee of the organization that is providing the services; and
 - the organization receives payment for the services; and
 - the Family Member receives no compensation other than the normal compensation for employees in her or his job category.
- For which no charge is normally made in the absence of insurance.
- Provided outside of the United States of America or its territories or possessions.
- Provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to the Insured Person or his or her estate.
- Resulting, directly or indirectly, from war or act of war, whether declared or not.
- Resulting, directly or indirectly, from attempted suicide or an intentionally self-inflicted injury.
- Resulting, directly or indirectly, from the Insured Person's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

NONDUPLICATION

Benefits will be paid only for covered expenses that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care plan or law (except Medicaid).

We will consider, for the purposes of satisfying an Elimination Period, days on which an Insured Person incurs expenses that would otherwise qualify as satisfying his or her Elimination Period, but are excluded from coverage because benefits are paid or payable under governmental health care plans or laws as stated above.

BASIC CONTRACT PROVISIONS

This section describes: the documents that state all the contractual agreements; the importance of completing the application truthfully and correctly; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has the authority to change this policy or to waive any of its provisions.

Time Limit on Certain Defenses

Misstatements in the Application: During the first six months the policy is in force, we may rescind (void) the policy or deny an otherwise valid claim upon a showing of misrepresentation that was material to the acceptance of an Insured Person for coverage.

While the policy has been in force for at least six months but less than two years, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that was material to the acceptance of an Insured Person for coverage; and is pertinent to the conditions for which benefits are sought.

After the policy has been in force for two years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that an Insured Person knowingly and intentionally misrepresented relevant facts relating to his or her health. If we pay any benefits under the policy, the benefit payments will not be recovered by us in the event the policy is rescinded.

Pre-Existing Conditions: We will not reduce or deny any claim under this policy because of a sickness or physical or medical condition that existed before the policy's Effective Date.

Other Provisions

Misstatement of Age: If an Insured Person's age was misstated in the application for this policy, we will pay the benefits that the premiums paid would have purchased at his or her true age. If, based on that true age, the policy would not have become effective, we will only be liable for the refund of all premiums paid for this policy.

Governing Jurisdiction: Any provision of this policy that on its effective date is in conflict with laws of the state in which the insured resides on that date is hereby amended to conform to the minimum requirements of the laws.

Time Periods: All time periods begin and end at 12:01 a.m. at your residence.

Nonparticipating; Dividends Not Payable: This policy does not participate in our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

No Cash Values, Borrowing, or Use as Collateral: The policy does not provide for a cash surrender value, or other money that can be borrowed; or paid, assigned or pledged as collateral for a loan.

CLAIMS PROVISIONS

This section describes: when we must be notified of a claim; what to send us; how we evaluate and pay claims; and other rights and responsibilities under the contract.

Your Role in the Claims Process

Let us know at once, then follow these procedures.

Early awareness by our Claims Department will facilitate a timely claim review. You can help us in this process by letting us know immediately when an Insured Person thinks he or she is eligible for benefits under this policy. Of course, someone else who is authorized to act on your behalf can also contact us for you.

Privileged Care Coordinators

When an Insured Person uses a Privileged Care Coordinator (as provided in the Privileged Care Coordination Services provision), we will work with that coordinator to ensure that we understand the Insured Person's condition, any prescribed Plan of Care, and any care and support services received.

Telling us About a Claim

Notice of Claim: We must be notified when an Insured Person has a claim. The notice can be given to us at our Long Term Care Offices or to our agent. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: the Insured Person's name; the Policy Number; and an address to which the claim forms should be sent.

How to File a Claim

Claim Forms: When we get notice of claim we will send out the necessary forms to be used to file proof of loss.

The forms will tell you how to complete them and where to send them. Read them carefully. Answer all questions and send all required information to the address on the forms. This will assist us in the evaluation of the claim so that we can determine the benefits for which the person is eligible.

If you or your representative do not get the necessary claim forms within 15 days, proof of loss can be filed without them by sending us a letter which describes the occurrence, the character and the extent of the loss for which your claim is made. That letter must be sent to us at our Long Term Care Offices within the time period stated in the next paragraph.

When to File a Claim

Proofs of Loss: When the policy provides for payment for continuing loss, written proof of the loss must be given to us within 90 days after the end of each 30-day period for which benefits may be payable. For any other loss, written proof must be given to us within 90 days after such loss. If it was not reasonably possible to give us written proof in the time required, we shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to us no later than one year from the time specified.

**Our Evaluation Criteria;
and the Claims Payment
Process**

How We Evaluate Claims: We will obtain information about a person on whose behalf a claim is made by working with that person, and his or her personal physician and Privileged Care Coordinator (if applicable). We will also consult with any Licensed Health Care Practitioners, agencies and other care providers he or she used. We will then review that information to determine eligibility for benefits. We reserve the right, as part of the review and at our expense, to do an assessment or a physical examination of a person on whose behalf a claim is made. Similar reviews may be required, at reasonable intervals, to determine eligibility for continued benefits while a claim is pending. We may use outside services to assist in evaluating an Insured Person's condition.

On an ongoing basis, we must receive updates to the Insured Person's Plan of Care and a Current Eligibility Certification by a Licensed Health Care Practitioner as required in the Benefit Eligibility provisions. We will also need a copy of his or her Medicare Explanation(s) of Benefits (or similar form for other plans and programs subject to the Nonduplication provision) to determine which expenses (if any) are excluded from coverage.

Physical Examinations: At our expense, we have the right to require a medical examination at reasonable intervals while a claim is pending..

Time of Payment of Claim: After we receive the proper written proof of loss, we will pay any benefits then due immediately; and at the end of each 30 days thereafter, when the loss is expected to result in ongoing benefits.

Payment of Claims: All benefits will be payable to the Policyholder. If the Insured Person becomes eligible for medical assistance in the Commonwealth of Virginia, the Virginia Department of Medical Assistance Services will be the payor of last resort for benefits payable under the policy. Any benefits unpaid at the Policyholder's death will be payable to his or her estate. If benefits are payable to an estate, we may pay a portion of those benefits, up to \$1,000, directly to someone related to the Insured Person by blood or marriage who is deemed by us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any benefits for care or services an Insured Person receives to the provider of the care or services; unless you direct us to do otherwise in writing by the time proofs of loss are filed. We do not require that the care or services be provided by a particular provider.

How to Appeal a Claim Decision

We will inform you, the Policyholder, in writing if a claim, or any part of a claim, is denied.

Appeal Process: If you believe that our decision on a claim is in error, we will reconsider the claim. You must send us a brief note (no special form needed) that tells us why you feel we should change our decision. You may authorize someone else to act for you in this appeal process.

The note should include the names, addresses and phone numbers of any providers you think we should contact to learn more about the health and the care received by the person on whose behalf the claim was made. This would include the physicians, health care professionals and other care providers who treated the Insured Person; and the facilities from which he or she received care, treatment, services, equipment or other items.

We will provide you with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any benefits due as a result of our reconsideration.

Legal Actions: You cannot sue on any claim before 60 days after written proof of loss has been given as required by your policy. You cannot sue after three years from the time written proof of loss is required to be given.

EFFECTIVE DATE AND PREMIUM PROVISIONS

This section describes such things as: when the policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; what happens if premiums are not paid on time; and protection available in the event of unintentional lapse of the policy.

The Policy Taking Effect	Effective Date and Consideration: This policy is issued based on: the statements made in its application; and payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule. It can be continued in force by the timely payment of premiums until it terminates because the Lifetime Payment Maximum (including any increases due to any Inflation Protection) has been reached.
Your Right to Cancel The Policy at Any Time	The Policyholder may cancel this policy at any time by sending us written notice. The policy will be cancelled as of the date we receive the notice, or the later date stated in the notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.
Our Limited Right To Change Premiums	Premiums will not increase due to a change in age or health. We can, however, change premiums based on premium class; but only if we change the premiums for all similar policies issued in the same state and on the same form as this policy. Premium changes will only be made as of an anniversary of the policy's Effective Date. We must give you at least 31 days written notice before we change premiums.
Paying Premiums	The Premium Payment Mode shown in the Schedule states how often premiums are to be paid. Each premium after the First Premium is due at the end of the period for which the prior premium was paid.
Waiver of Premium During covered confinements and while receiving Home Care Benefits under a Plan of Care from a Privileged Care Coordinator	<p>We will waive premium payments for each coverage month that begins:</p> <ul style="list-style-type: none">- While an Insured Person is receiving continuing benefits under the Long Term Care Facility Benefit or the Bed Reservation Benefit; or- When Home Care Benefits are being received in accordance with a Plan of Care <u>from a Privileged Care Coordinator</u>. <p>This waiver applies to premium payments for the policy and all attached forms. It stops when the Insured Person ceases to meet the above requirements because:</p> <ul style="list-style-type: none">- he or she is no longer eligible to receive continuing Long Term Care Facility or Bed Reservation Benefits; or- the Privileged Care Coordinator's Plan of Care no longer requires the Insured Person to receive care or services for which benefits are payable under the Home Care Benefit. <p>At the end of the period for which the last premium has been waived we will first give credit for any premium paid for periods during which the waiver applied. You will then be required to pay the pro rata premium needed to return the policy to its previous premium payment mode. You must pay future premiums as they become due.</p>

Refunds of Premium

All refunds of premium or similar amounts under the policy shall be applied as a reduction in future premiums or to increase future benefits. This does not apply to any refund: on death of the Policyholder when there is no surviving spouse who is an Insured Person under the policy; or on a complete surrender or cancellation of the policy.

What Happens When Premiums are Not Paid

Grace Period: This policy has a 31-day grace period. If a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. The policy will stay in force during the grace period. If the premium is not paid during the grace period, the policy will terminate at the end of the grace period. This is called a lapse. The end of the grace period is the lapse date.

Extension of Benefits: Termination of this policy will not affect any claim for expenses incurred during uninterrupted institutional confinement that begins while the policy is in force and continues without interruption beyond the date of termination.

This extension of benefits, beyond the period the policy was in force, will terminate when the Lifetime Payment Maximum that applies on the date of termination is reached; and is subject to the Elimination Period and all other applicable provisions of the policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Long Term Care Facility; receiving another level of care in the same Long Term Care Facility; and transferring back to a Long Term Care Facility from a temporary or acute hospitalization.

Reinstatement: If the renewal premium is not paid before the grace period ends, the policy will lapse.

Later acceptance of the premium by us (or by an agent duly authorized to accept such payment) without requiring an application for reinstatement will reinstate this policy as of the date of premium acceptance.

If we or our duly authorized agent require an application for reinstatement, and give you a conditional receipt for the premium, this policy will be reinstated upon either: our approval of the application; or, lacking such approval, the 45th day after the date of the conditional receipt, unless we give you prior written notice of our disapproval of the application.

The reinstated policy will cover only expenses incurred as a result of losses that begin after the date of reinstatement. In all other respects your rights and our rights will remain the same; subject to any provisions noted on or attached to the policy as reinstated.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

**Protection Against
Unintentional Lapse**

Lapse Notice to Someone Else: You have the right to designate someone else to receive notice of lapse or termination of this policy for nonpayment of premium. Any such notice will not be given to that person until 30 days after a premium is due and unpaid. When you direct us to make such notifications, the policy will not lapse or terminate for nonpayment of premium until 30 days after we notify both you and your designee of a lapse or termination.

Your application shows who you have named to receive these notices. You can direct us, in writing, to change your designation and send the notices to someone else.

Continuation for Lapse due to Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment: We will provide a retroactive continuation of coverage if:

- the policy terminates due to nonpayment of premiums (lapse); and
- within seven months after termination we are given proof that an Insured Person met the Benefit Eligibility requirements of the policy.

We must receive proof of his or her impairment or incapacity and all past-due premiums within that seven-month period. Any benefits for which an Insured Person qualified during the continuation period will be paid to the same extent they would have been paid if the policy and its riders had remained in force from the date of termination.

**Conversion of Spouse
Coverage Upon Death
of the Policyholder**

If you, the Policyholder, die while the policy is in force and your spouse is an Insured Person, he or she can continue to be covered by the policy; provided that premiums continue to be paid when due. All reference to "you" and the "Policyholder" in this policy will then apply to such spouse.

Signed for The Cincinnati Life Insurance Company



Secretary



President

Please keep this policy in a safe place with your other important documents.

Objection 20220719 – Statement of Variability**The Cincinnati Life Insurance Company****Schedule**

[Variable]	Definition	Range
[ABC1234567]	The policy number assigned to the policyholder	Unique to each policyholder
[April, 1, 1999]	Effective date of the policy	Unique to each policyholder
[John Alan Doe]	Full name of the policyholder	Unique to each policyholder
[4321 Main Street]	Address of the policyholder	Unique to each policyholder
[Anytown, Anystate, US 99999]	City, state and zip code of the policyholder	Unique to each policyholder
[Mary Jane Doe][None]	Spouse name of policyholder (if applicable)	Unique to each policyholder
[50][100]	Elimination period	Unique to each policyholder
[\$100.00]	Daily maximum benefit	Unique to each policyholder
[\$146,000.00]	Lifetime maximum benefit	Unique to each policyholder
[No Benefit Increases] [Equal 5% Benefit Increases...] [Compound 5% Benefit Increases...]	Description of the inflation protection option	Description associated with either none, equal 5%, or compound 5% inflation protection options
[Optional Benefit Riders]	Description of the option benefit features available	Restoration of benefits or nonforfeiture benefits
[Standard]/[Preferred][with Spousal Discount]	Rate classification of the policy holder and the associated spouse	Unique to each policyholder (either preferred or standard with or without spousal discount)
[\$xx.xx]	Annual premiums associated with the basic coverage, inflation protection, and optional riders	Unique to each policyholder
[\$aaa.aa]	First premium	Unique to each policyholder
[Quarterly]	Mode of premium	Unique to each policyholder
[\$bbb.bb]	Modal premium	Unique to each policyholder

Objection 20220919 – Statement of Variability

The Cincinnati Life Insurance Company

CLIC Coverage Decrease Confirmation Form

[Variable]	Definition	Range
DATE	The date the confirmation form will be sent to the policyholder	To be determined
LIFE_FNAME	First name of the policyholder	Unique to each policyholder
LIFE_MNAME	Middle name of the policyholder	Unique to each policyholder
LIFE_LNAME	Last name of the policyholder	Unique to each policyholder
LIFE_ADDRESS1	Policyholder address line 1	Unique to each policyholder
LIFE_ADDRESS2	Policyholder address line 2	Unique to each policyholder
LIFE_CITY	City of policyholder	Unique to each policyholder
LIFE_STATE	State of policyholder	Unique to each policyholder
LIFE_ZIP	Zip code of policyholder	Unique to each policyholder
policy_no	Policy number	Unique to each policyholder
policy_coverage_effective_dt	Coverage effective date	Unique to each policyholder
policy_bill_prem	Modal premium amount	Unique to each policyholder
billacct_freq_desc	The frequency of premium payments per year	Monthly, Quarterly, Semiannually, or Annually

Objection 20221228 – Statement of Variability**The Cincinnati Life Insurance Company****CLIC Policyholder Notification Letter**

[Variable]	Definition	Range
APP_FORM_NO	Application form number.	Unique to policyholder
DATE	The date the notification letter will be sent to policyholders	To be determined but will be at least 90 days prior to the effective date of increase in order to be in compliance with 14VAC5-200-75 D
FIELD_2	First name of the policyholder	Unique to each policyholder
FIELD_3	Middle name of the policyholder	Unique to each policyholder
FIELD_4	Last name of the policyholder	Unique to each policyholder
FIELD_6	Address Line 1 of the policyholder	Unique to each policyholder
FIELD_7	Address Line 2 of the policyholder	Unique to each policyholder
FIELD_8	City of the policyholder's address	Unique to each policyholder
FIELD_9	State of the policyholder's address	Unique to each policyholder
FIELD_10	Zip code of the policyholder's address	Unique to each policyholder
POL_NO	The policy number assigned to each policyholder	Unique to each policyholder
NAME	The name of the policyholder	Unique to each policyholder
RIPCT	The requested rate increase expressed as a percent	25%
EFFDT1	The effective date of the rate increase	To be applied on the policy's anniversary
\$CURPREM	The current premium for each policyholder	\$740.88 - \$3,402
\$RIPREM1	The new premium for each policyholder after the rate increase	\$926.10 - \$4,252.50
RIPCT%	The requested rate increase expressed as a percent	25%
MODE	The frequency of premium payments per year	Monthly, Quarterly, Semiannually, Annually
\$CURMODPREM	The current modal premium per policy	\$61.74 - \$3,402
\$RIMODPREM1	The new modal premium per policy following the proposed rate increase	\$77.18 - \$4,252.50
\$NHMDB	The maximum daily benefit for nursing home coverage	\$130 - \$343.80
\$ALFMDB	The maximum daily benefit for assisted living facility coverage	\$130 - \$343.80
\$HHCMDB	The maximum daily benefit for home health care coverage	\$130 - \$343.80
\$DGNHMDB	The decreased maximum daily benefit for a policyholder electing to keep their current rate under nursing home coverage	Range will vary by policy characteristics but will be lower than the current maximum daily benefit range for nursing home coverage

Objection 20221228 – Statement of Variability

The Cincinnati Life Insurance Company

CLIC Policyholder Notification Letter

\$DGALFMDB	The decreased maximum daily benefit for a policyholder electing to keep their current rate under assisted living facility coverage	Range will vary by policy characteristics but will be lower than the current maximum daily benefit range for assisted living facility coverage
\$DGHHCMDB	The decreased maximum daily benefit for a policyholder electing to keep their current rate under home health care coverage	Range will vary by policy characteristics but will be lower than the current maximum daily benefit range for home health care coverage
COVAMT	The benefit period maximum elected by the insured at issue and defined in the insured's policy.	730 days, 1095 days, 1460 days, 2190 days, or unlimited
\$POOL	The total coverage amount assigned to policyholders who elect a paid-up status	The greater of total cumulative premiums paid since inception prior to any changes in benefits <u>or</u> 30 times the Nursing Home Care Daily Maximum.

Objection 20230315 – Statement of Variability

The Cincinnati Life Insurance Company

CLIC Coverage Decrease Election Form

[Variable]	Definition	Range
DATE	The date the Coverage Decrease Election Form will be sent to policyholders.	To be determined but will be at least 90 days prior to the effective date of increase in order to be in compliance with 14VAC5-200-75 D.
\$DGNHMDDB	Decreased Nursing Home Care maximum daily benefit amount	To be determined
\$DGALFMDB	Decreased Assisted Living Facility Care maximum daily benefit amount	Unique to each policyholder
\$DGHHCMDB	Decreased Home Health Care maximum daily benefit amount	Unique to each policyholder
COVAMT	Total coverage amount	Unique to each policyholder
\$CURMODPREM	Current modal premium	Unique to each policyholder
FIELD_2	First name of policyholder	Unique to each policyholder
FIELD_3	Middle name of policyholder	Unique to each policyholder
FIELD_4	Last name of policyholder	Unique to each policyholder
POL_NO	The policy number of the policyholder	Unique to each policyholder
EFFDT	Effective date of the coverage decrease	Monthly, Quarterly, Semiannually, or Annually

Objection 20230315 – Statement of Variability

The Cincinnati Life Insurance Company

CLIC Paid-Up Status Election Form

[Variable]	Definition	Range
DATE	The date the Paid-Up Status Election Form will be sent to policyholders	To be determined but will be at least 90 days prior to the effective date of increase in order to be in compliance with 14VAC5-200-75 D.
\$NHMDB	The maximum daily benefit for nursing home coverage	\$130 - \$343.80
\$ALFMDB	The maximum daily benefit for assisted living facility coverage	\$130 - \$343.80
\$HHCMDB	The maximum daily benefit for home health care coverage	\$130 - \$343.80
\$POOL	The total coverage amount assigned to policyholders who elect a paid-up status	The greater of total cumulative premiums paid since inception <u>or</u> 30 times the Nursing Home Care Daily Maximum.
FIELD_2	First name of the policyholder	Unique to each policyholder
FIELD_3	Middle name/initial of the policyholder	Unique to each policyholder
FIELD_4	Last name of the policyholder	Unique to each policyholder
POL_NO	Policy number for the policy	Unique to each policyholder
EFFDT	The effective date of the decreased coverage amount associated with the election of paid-up status	Unique to each policyholder

December 16, 2020

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218



20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

RE: RATE REVISION FOR THE CINCINNATI LIFE INSURANCE COMPANY
PROJECT NAME: LTC 2020 RATES
SERFF TRACKING NO: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated November 17, 2020. Your letter indicated you would like additional information. Specifically, you stated:

Objection 1 - L&H Actuarial Memorandum (Supporting Document) & CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

- 1) *Please move the revised Actuarial Memorandum to the section L&H Actuarial Memorandum. It is currently included as part of the objection response document.*

Objection 2 - CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

- 1) *Please attach the policyholder notification letter as a separate form under the Form Schedule tab. Any variable data in the letter must be denoted in square brackets [] and clearly explained in a Statement of Variability which is attached under supporting documents. Guidance on variability can be found at <https://scc.virginia.gov/getattachment/b555e2b1-ae4a-46f9-842b-af48415410fb/varguide.pdf>.*

Please see the attached file 'Objection 20201117 – CLIC Policyholder Notification Letter.pdf'
Please see the attached file 'Objection 20201117 – Statement of Variability.pdf'

Objection 3 - Long Term Care Insurance Rate Request Summary (Supporting Document) & CLIC Response to 20200901 Objection with Exhibits (Supporting Document)

- 1) *Please move the revised Long-Term Care Insurance Rate Request Summary from the CLIC Response to the Long Term Care Insurance Rate Request Summary section.*

Objection 4 - L&H Actuarial Memorandum (Supporting Document)

- 1) *Please advise if the actuarial assumptions associated with the rate increase request are consistent with the assumptions embedded in the most recent asset adequacy testing. If not, either make the appropriate revisions or explain any discrepancies.*

The actuarial assumptions associated with the rate increase request are consistent with the assumptions embedded in the most recent asset adequacy testing.

- 2) *Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction. Provide a copy of all projections in Excel with working formulas.*

Please see the attached exhibit 'Objection 20201117 – Exhibit I.xlsx'.

- 3) *Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.*

Please see the attached exhibit 'Objection 20201117 – Exhibit II.xlsx'.

- 4) *Please advise in which states the company has requested rate increases on this block and describe how the rate changes requested in Virginia compare with those in other states, along with a listing of the status of the rate reviews in those other states.*

Please see the attached exhibit 'Objection 20201117 – Exhibit III.pdf'.

- 5) *Please provide a loss ratio projection (both past and future) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.*

Please see the attached exhibit 'Objection 20201117 – Exhibit IV.xlsx'.

- 6) *Please state the lifetime loss ratio anticipated in the original filing.*

This product was originally filed with a 60% loss ratio.

- 7) *Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.*

While the company does not currently plan to request further rate increases, the company will continue to monitor emerging experience and will determine the need for an additional premium increase as experience emerges.

- 8) *What steps have been taken to minimize rate increases on this block of business?*

The reasons for this rate increase request are related to actual results being significantly worse than those expected in the initial pricing projections. As there are a small number of inforce policies in Virginia (15), we have been managing the block in total and focused past rate increase requests on states with larger inforce. As the block has aged, we find it necessary to expand the scope of rate increases to all states. As can be seen in the exhibits, the rate increase requested is lower than the maximum justifiable amount. We also note that the nationwide lifetime loss ratio with the requested rate increase is 147%, which is significantly higher than the 60% target loss ratio for which these forms were priced.

- 9) *For compliance with 14VAC5-130-70 B.1, include the issue age range in the Actuarial Memorandum.*

Please see Section 11 of the attached memorandum 'Objection 20201117 – Actuarial Memorandum.pdf'.

- 10) *Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach*

Please see the attached exhibits 'Objection 20201117 – Exhibit V & VI.xlsx'.

Objection 5 - L&H Actuarial Memorandum (Supporting Document)

- 1) *Please update the actuarial memorandum for compliance with 14VAC5-200-153 B.3 b, c, d and f.*

Please see the attached memorandum 'Objection 20201117 – Actuarial Memorandum.pdf' in each of the respective sections for compliance with 14VAC5-200-153 B.3 b, c, d and f:

b: The impact of active life reserves has not been incorporated into this rate increase request for any policies, as stated in Section 12 of the Actuarial Memorandum.

c: Please see Section 14 of the Actuarial Memorandum.

d: Please see Section 21 of the Actuarial Memorandum.

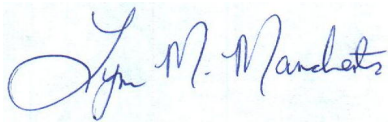
f: Cincinnati Life Insurance policies do not have contingent benefit upon lapse option.

2) How does the company plan to comply with 14VAC5-200-153 G.1.

At this time, no Virginia policies are eligible for Contingent Benefit Upon Lapse. All policies in this block are administered by LTCG, which is the largest third-party long-term care insurance administrator in the industry. LTCG applies the latest claims administration best practices to all blocks it administers and is continuously innovating and improving those practices.

We look forward to hearing from you.

Sincerely,



Lynn Manchester, FSA, MAAA
Principal Consulting Actuary
LTCG

October 29, 1999

Ms. Althelia P. Battle
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Virginia Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218-1157

APPROVED
Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance
DATE 11/10/99
BY APB

Re: The Cincinnati Life Insurance Company FEIN No. 31-1213778

INDIVIDUAL ACCIDENT AND HEALTH INSURANCE

Long Term Care Insurance Policy, Form LTC-100-VA (4/99), et al.

Submission No.: 007 0000013084 With Form LTC-313 (6/02) - See attached

Dear Ms. Battle:

Thank you for your letter dated October 14, 1999.

The 5% interest rate used in the lifetime loss ratio calculation represents a proxy for the valuation interest rate. The pricing interest rate (6.5% for the first three years and graded down to 6.0%) assumed in the gross premium rate development is based on our best estimate of the new money rates and the future reinvestment yields and is consistent with the business plan. However, for loss ratio projection purposes, it is our belief that the discount rate used should be a relatively safe long term rate for LTC so that the policyholders are immune from the interest rate risk. We feel the valuation interest rate is a good benchmark for this purpose. If the pricing interest rates were used, the actual loss ratio should be allowed to be impacted by actual investment yields. This would imply that a certain level of interest risk is passed along to the policyholders. We do not believe this is appropriate.

Enclosed is a revised loss ratio projection (Exhibit II) to be used in connection with each policy form {Form LTC-100-VA (4/99) and Form LTC-120-VA (4/99)}. The change from the previously submitted Exhibit II may be found in Note 2 at the bottom of each exhibit.

We trust that you will now find our filing to be deserving of your Department's approval. A stamped return mail envelope is enclosed for your reply. Our fax number is (508) 651-8804.

If you have any questions, please feel free to call me toll-free at 1-888-312-5824, extension 24. You may also send an email to tcassidy@ltcg.com.

We look forward to hearing from you.

Sincerely,


Timothy P. Cassidy
Compliance Manager

THE CINCINNATI LIFE INSURANCE COMPANY

Long Term Care Offices, P. O. Box 5716, Hopkins, Minnesota 55343-5716

ACTUARIAL MEMORANDUM

LONG TERM CARE INSURANCE POLICY

Policy Form Series: LTC-100

Virginia

April 1, 1999

DESCRIPTION

Policy Coverage

This individually underwritten policy provides comprehensive long term care coverage. Daily benefits are payable for Institutional Confinement and Home Care. Benefits are also payable for Privileged Care Coordination, Caregiver Training and Supportive Equipment. Benefits may be payable for other supplies and services if they are specified in a Supplementary Care Plan agreed to by the insured, the insured's doctor, and The Cincinnati Life Insurance Company.

A single policy can cover either one individual or two married people. The joint policy, covering two married people, will operate like two individual policies except that the two insureds will draw from one shared Lifetime Maximum Benefit limit under the policy.

Under certain circumstances, a survivor benefit in the form of a paid-up policy will be provided to the surviving spouse of two married people covered either jointly under the same policy or individually under separate policies.

A Nonforfeiture Benefit Rider and a Restoration of Benefits Rider will be offered in conjunction with this policy.

It is intended that this policy be a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended by the Health Insurance Portability and Accountability Act of 1996, and it has been designed to conform thereto.

General Marketing Method

This policy will be marketed through individual agents appointed by The Cincinnati Life Insurance Company.

Expense Reimbursement

This policy reimburses expenses incurred by the insured(s) subject to the amount of coverage purchased. Expense reimbursement will be limited to Prevailing Expenses for all non-institutional benefits except the Privileged Care Coordination Benefit.

Selection of Coverage Amounts

A Daily Payment Maximum will be selected at issue, which will apply separately to each individual covered under the policy. Unless specifically noted, the Daily Payment Maximum will apply to all benefits of the policy except Privileged Care Coordination, Caregiver Training, Supportive Equipment and benefits provided under a Supplementary Care Plan.

Inflation Protection: At issue, a No Benefit Increases, Equal Benefit Increases or Compound Benefit Increases Option will be selected. The Equal Benefit Increases Option will increase the original daily maximum by 5% each year starting with the second policy year and continuing for the life of the policy. The Compound Benefit Increases Option will increase the previous year's daily maximum by 5% each year starting with the second policy year and continuing for the life of the policy. The increasing benefit limits will apply even when the policy is in claim status.

The Lifetime Payment Maximum will also be selected at issue. This selection establishes the maximum amount that will be paid under the policy for the combined total of all benefit payments. The choices are:

<u>For Individual Coverage</u>	<u>For Joint Coverage</u>
730 x Daily Payment Maximum,	1,095 x Daily Payment Maximum,
1,095 x Daily Payment Maximum,	1,460 x Daily Payment Maximum,
1,460 x Daily Payment Maximum,	2,190 x Daily Payment Maximum,
2,190 x Daily Payment Maximum, or	2,920 x Daily Payment Maximum, or
Unlimited.	4,380 x Daily Payment Maximum.

If a Benefit Increases Option has been selected, the Lifetime Payment Maximum will increase each policy year by the same percentage that the Daily Payment Maximum increases. When the total amount paid under a policy is equal to the then current Lifetime Payment Maximum, the policy is terminated. All benefit payments made under the policy will count against the Lifetime Payment Maximum.

An Elimination Period of either 50 or 100 days, for each insured under the policy, must also be selected at issue. The Elimination Period is satisfied by days on which expenses are incurred for which payment would be made if there were no Elimination Period. These days do not need to be consecutive, but they must occur within a continuous two year period. Each insured under the policy need only satisfy the Elimination Period once during the life of the policy.

The Elimination Period applies to all policy benefits except Privileged Care Coordination, Caregiver Training, Supportive Equipment and Respite Care under the Home Care Benefit. Days for which the only expenses incurred are expenses that are not subject to the Elimination Period, as described above, will not be used to satisfy the Elimination Period. The Elimination Period will be waived when home care benefits are accessed in accordance with a Plan of Care from a Privileged Care Coordinator.

Benefit Eligibility and Conditions

Benefit eligibility is based on either (a) inability to perform, without Substantial Assistance, at least two of six Activities of Daily Living (ADLs), due to a loss of functional capacity expected to last for at least 90 days, or (b) need of Substantial Supervision to protect one's health and safety due to Severe Cognitive Impairment.

Written certification from a Licensed Health Care Practitioner that the eligibility conditions are met must be made within a twelve month period. As defined in the policy, the 6 ADLs are: Bathing, Dressing, Eating, Continence, Toileting, and Transferring. Benefits will be paid for covered care that is received pursuant to a Plan of Care, as defined in the policy.

Home Care Benefits

Home Care Benefits are payable once benefit eligibility is established and the Elimination Period (if any) is satisfied. Prevailing Expenses incurred for services provided by a Nurse, services provided by a physical, occupational, respiratory or speech therapist, Adult Day Care, Hospice Care, Home Health Aide and Personal Care Attendant Services, Homemaker Services and Chore Services will be reimbursed subject to the Daily Payment Maximum that applies on the day expenses are incurred.

Prevailing Expenses incurred for the first 21 days of Respite Care received during a policy year will be reimbursed subject to the Daily Payment Maximum that applies on the day expenses are incurred. Respite Care is not subject to, nor does it satisfy, the Elimination Period.

Privileged Care Coordination

Expenses incurred for Privileged Care Coordination Services provided by an agency on The Cincinnati Life Insurance Company's list of current care coordination agencies, will be fully reimbursed. Such reimbursement does not count against the Daily Payment Maximum and is not subject to and does not satisfy any Elimination Period requirements.

Home Care benefits for services delivered in accordance with a Plan of Care from a Privileged Care Coordinator will be enhanced as follows. The Elimination Period will be waived and Elimination Period credit will be given, even though benefits are being paid. Benefit levels will be increased from 80% to 100% of Prevailing Expenses for Home Health Aide and Personal Care Attendant Services, Homemaker Services and Chore Services. Reimbursed expenses will be subject to a monthly maximum, rather than the Daily Payment Maximum, based on the number of days in the month in which payment is made. Policy premiums will be waived.

Confinement Benefits

Long Term Care Facility benefits are payable under skilled, intermediate, or custodial levels of care. Hospital confinement is not a prerequisite for benefit entitlement. Once benefit eligibility is established and the Elimination Period is satisfied, expenses incurred as a resident inpatient in a Long Term Care Facility will be reimbursed up to the Daily Payment Maximum that applies on the day expenses are incurred.

A Long Term Care Facility (such as a nursing home, an assisted care facility or an Alzheimer's facility) is defined as an institution that is duly licensed (by the state or federal government) to provide care and services sufficient to support inpatient needs resulting from inability to perform ADLs or cognitive impairment.

Premium payments will be waived during Long Term Care Facility stays, after the Elimination Period has been satisfied.

If a temporary absence is required during a period of confinement in a Long Term Care Facility and there is a charge to reserve accommodations in the facility, the policy will pay Confinement Benefits (or give Elimination Period credit) for up to 21 days of such absence during a policy year.

Additional Benefits

Prevailing Expenses incurred for Caregiver Training will be reimbursed up to five times the Daily Payment Maximum over the lifetime of the policy. Prevailing Expenses incurred for the purchase or rental of Supportive Equipment will be reimbursed up to 50 times the Daily Payment Maximum over the lifetime of the policy, provided that the Equipment is specified and provided in accordance with a Plan of Care. These benefits do not count against the Daily Payment Maximum, are not subject to the Elimination Period, and will not be used to satisfy the Elimination Period.

A Supplementary Benefit will reimburse Prevailing Expenses incurred for care, treatment, services, supplies or other items delivered in accordance with a Supplementary Care Plan, which is mutually agreeable to the insured, the insured's doctor, and The Cincinnati Life Insurance Company. Supplementary Benefits do not count against the Daily Payment Maximum.

A Survivorship Benefit will be available to married insureds who are both covered under a Cincinnati Life Insurance Company Long Term Care Insurance Policy which includes such benefit. If, at the time of the first death, both spouses had been covered for a period of ten years and no claims had been made in the first ten years, the surviving spouse's policy will become paid-up.

Non-Duplication of Benefits

Benefits will be paid only for covered expenses that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care plan or law (except Medicaid).

Nonforfeiture Benefit Rider

An optional Nonforfeiture Benefit Rider will be offered with this policy. The Rider will provide a reduced Lifetime Payment Maximum upon lapse of the policy if it has been in force for at least three years. The same Benefits, Elimination Period and Daily Payment Maximum in effect at the time of lapse will apply (no future Benefit Increases Options will be applied). The policy will be in a paid-up status.

The amount of the reduced Lifetime Payment Maximum will be the greater of (a) thirty times the Daily Payment Maximum at time of lapse and (b) the sum of all premiums paid for the policy and any attached riders. In no case will the sum of all benefits paid under the policy during the premium paying period and the reduced Lifetime Payment Maximum exceed the Lifetime Payment Maximum in effect at the time of lapse.

Restoration of Benefits Rider

An optional Restoration of Benefits Rider will also be offered with this policy. The Rider will restore the policy's Lifetime Payment Maximum to the amount that would have applied if no benefits had been paid under the policy whenever a period of 180 consecutive days elapses during which no services were received or required which would trigger policy benefit eligibility. Benefits will not be restored to a policy that is in paid-up status through activation of the Nonforfeiture Benefit Rider.

Premiums and Issue Ages

Certain underwriting discounts may be applied to the premium rates. A preferred risk discount of 10% will be provided to applicants in response to certain health underwriting criteria specified on the application. A spousal discount of 20% will be provided to married individuals when both spouses submit valid applications. Premium rates for the joint policy include the spousal discount.

This policy is guaranteed renewable. Premium rates are unisex, level, and payable for the life of the policy. The issue ages are 18 through 94. Rates for issue ages 85 through 94 are intended to be used only for insureds already covered under The Cincinnati Life Insurance Company Long Term Care policies. The premiums vary by issue age, Daily Payment Maximum, Lifetime Payment Maximum, Elimination Period, Benefit Increases Option, joint or individual coverage and any elected policy riders.

At the discretion of the Company, a group of policyholders that are list billed together may be eligible for a 5-10% discount in premiums, coincident with an appropriate reduction in commissions.

EXPECTED CLAIM COSTS

For over twenty years, General Electric Capital Assurance, the majority reinsurer of this policy form series, has marketed nursing home policies. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Incidence rates by issue age and duration have been developed to reflect the effects of underwriting.

Since 1989, General Electric Capital Assurance has also marketed home health care benefit riders and policies. This limited experience was used in conjunction with the results from the 1982-1984 National Long Term Care Surveys. The surveys studied functionally impaired elderly Medicare beneficiaries living in the community who manifested impairment in ADLs. These surveys provide data for longitudinal analysis. Both the incidence rates and the length of home care usage were extracted from these surveys and the company experience mentioned above. The home care incidence rates reflect a loading for cognitive impairment as a benefit trigger. Selection factors were applied to the incidence rates in order to reflect the anticipated effects of underwriting.

The above described company experience was also used to determine preferred underwriting status discounts and marital discounts. The marital discount reflects the estimated cost of providing the Survivorship Benefit.

It should be recognized that considerable judgment was made with respect to expected claim costs for non-institutional benefits. After using all available data, total expected claim costs have been developed which represent reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

The following assumptions with regard to the stability of claims have been made in the development of premium rates:

1. The underwriting process will include an assessment of functional and cognitive abilities at issue ages considered to be appropriate.
2. At the time of claim, an objective and reliable assessment tool for functional and cognitive capacities will be available to maintain a claims administration practice that is equitable to both The Cincinnati Life Insurance Company and the claimant.
3. The required Plan of Care will achieve the intended purpose of prescribing levels of care that are appropriate to the claimant's circumstances and delivered in an appropriate setting.
4. Medicare and other governmental health care plans will continue paying for long term care expenses as at the time of this policy filing.

If any of the previous assumptions or other assumptions relating to claims experience are found to be invalid, premium rates may need to be adjusted in the future.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options. **EXHIBIT I** shows the total expected claim costs per \$1 of daily benefit by attained age for a plan with Lifetime Payment Maximum equal to 1,460 x Daily Payment Maximum and 100 Day Elimination Period.

GROSS PREMIUMS

An asset share technique was used to develop the gross premiums. The pricing assumptions, other than expected claim costs, are as follows:

1. Expenses

Underwriting and Issue	\$250 per policy first year
Total Field Compensation	78.0% of first year premium, 8.5% of renewal
Marketing Support, Claim, Maintenance and Overhead	10.0% of first year premium, 2.0% of renewal 6.0% of claims \$70 per policy all policy years
Premium Tax	2.6% of premiums all policy years

2. Policy Termination Rates

Voluntary Lapse Rates	10.0% first policy year 4.0% thereafter for issue ages under 70 4.5% thereafter for issue ages between 70 and 74 5.0% thereafter for issue ages between 75 and 79 5.5% thereafter for issue ages above 79
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Mortality Rates	1983 Individual Annuity Mortality Table, with underwriting selection factors.
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3. <u>Interest</u>	6.5% for the first 3 policy years, graded to 6.0% in the 5th and later policy years
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4. <u>Average Annual Premium</u>	\$1,700 per policy
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5. <u>Average Age at Issue</u>	65
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6. Reserves

Statutory Active Life Reserves	CRVM with One Year Preliminary Term using expected claim costs and interest equal to the maximum allowable valuation interest rate for the year of issue (4.5% for 1998 issues)
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The above assumptions are based on actual experience applicable to General Electric Capital Assurance Company during the years 1992-1998, appropriately adjusted for this policy. These assumptions are deemed reasonable for this particular policy as issued by The Cincinnati Life Insurance Company.

EXPECTED LOSS RATIO

The expected loss ratio is calculated as follows:

$$\frac{\text{Present Value of Incurred Claims}}{\text{Present Value of Earned Premiums}}$$

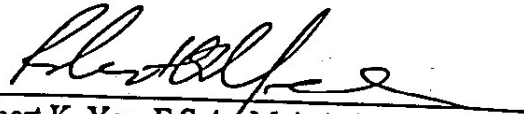
The present values take into account the time value of money and policy terminations.

The expected loss ratio for this policy over the first 40 policy years is over 60%.

EXHIBIT II shows the development of a composite expected loss ratio for \$1,000,000 of issued premium.

CERTIFICATION

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions used are appropriate, the active life reserves make good and sufficient provision to meet future policy obligations as projected, and the gross premiums bear reasonable relationship to the benefits.



Robert K. Yee, F.S.A., M.A.A.A.
General Electric Capital Assurance Company
Acting As Consultant To
The Cincinnati Life Insurance Company

EXHIBIT I

Expected Claim Costs per \$1 of Daily Benefit by Attained Age

Lifetime Payment Maximum = 1,460 x Daily Benefit Maximum
100 Day Elimination Period

Attained Age	Male	Female	Attained Age	Male	Female
18	0.0285	0.0341	60	1.1011	1.2704
19	0.0326	0.0378	61	1.1128	1.2937
20	0.0364	0.0419	62	1.1477	1.3287
21	0.0405	0.0458	63	1.1732	1.3626
22	0.0447	0.0498	64	1.2105	1.4003
23	0.0466	0.0541	65	1.3639	1.5819
24	0.0544	0.0616	66	1.5286	1.7712
25	0.0591	0.0665	67	1.6474	1.9088
26	0.0644	0.0734	68	1.8944	2.1836
27	0.0702	0.0817	69	2.2433	2.5954
28	0.0781	0.0900	70	2.7739	3.2104
29	0.0844	0.0986	71	3.2422	3.7804
30	0.0931	0.1065	72	3.7398	4.4052
31	0.1030	0.1193	73	4.3063	5.0659
32	0.1136	0.1320	74	5.1412	6.1226
33	0.1233	0.1445	75	5.9769	7.2043
34	0.1375	0.1572	76	7.1668	8.6488
35	0.1494	0.1743	77	8.5474	10.1502
36	0.1640	0.1925	78	9.8830	15.0694
37	0.1832	0.2104	79	11.2843	18.5601
38	0.1988	0.2310	80	13.7381	21.3567
39	0.2200	0.2540	81	16.1204	24.6911
40	0.2414	0.2813	82	18.1633	28.1071
41	0.2656	0.3081	83	20.2469	31.2575
42	0.2902	0.3356	84	21.7168	34.4118
43	0.3212	0.3718	85	23.8355	36.9903
44	0.3519	0.4067	86	26.9972	42.7775
45	0.3870	0.4446	87	31.6417	50.7656
46	0.4221	0.4915	88	36.5309	58.6666
47	0.4667	0.5404	89	41.1208	66.0396
48	0.5138	0.5944	90	44.9840	72.2291
49	0.5601	0.6476	91	47.8942	76.9147
50	0.6181	0.7152	92	48.7365	77.5167
51	0.6827	0.7858	93	48.7365	77.5167
52	0.7415	0.8656	94	48.7365	77.5167
53	0.8185	0.9431	95	48.7365	77.5167
54	0.9026	1.0385	96	48.7365	77.5167
55	0.9870	1.1451	97	48.7365	77.5167
56	1.0858	1.2588	98	48.7365	77.5167
57	1.0894	1.2588	99	48.7365	77.5167
58	1.1011	1.2704	100	48.7365	77.5167
59	1.1011	1.2704			

EXHIBIT II (For Policy Form Series LTC-100)

Policy Year Development of Composite Expected Loss Ratios

\$1,000,000 of Issued Premium
(\$000 Omitted)

Policy Year	Expected Earned Premiums	Expected Incurred Claims	Expected Claim Loss Ratio	Policy Year	Expected Earned Premiums	Expected Incurred Claims	Expected Claim Loss Ratio
1	1,000	72	7%	21	132	349	264%
2	890	143	16%	22	114	337	296%
3	837	166	20%	23	98	319	326%
4	783	209	27%	24	84	296	352%
5	730	236	32%	25	71	271	382%
6	677	260	38%	26	60	249	415%
7	626	299	48%	27	50	229	458%
8	576	314	55%	28	42	207	493%
9	527	322	61%	29	34	184	541%
10	480	349	73%	30	28	154	550%
11	436	359	82%	31	23	134	583%
12	395	378	96%	32	18	116	644%
13	356	383	108%	33	15	99	660%
14	320	382	119%	34	12	84	700%
15	286	386	135%	35	9	60	667%
16	255	388	152%	36	7	51	729%
17	226	392	173%	37	6	44	733%
18	199	385	193%	38	4	37	925%
19	175	371	212%	39	3	30	1000%
20	152	360	237%	40	2	18	900%

- Notes: 1. Premiums and benefits reflect the effect of policy terminations.
2. At 4.5% interest, the loss ratio over the first 40 year period is 63%.

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	24.00	22.00	33.00	31.00	48.00	43.00
25-29	26.00	23.00	35.00	33.00	51.00	47.00
30-34	29.00	25.00	39.00	35.00	56.00	50.00
35-39	31.00	27.00	42.00	38.00	60.00	54.00
40-44	33.00	30.00	46.00	41.00	65.00	58.00
45	33.00	30.00	46.00	41.00	65.00	58.00
46	33.00	31.00	47.00	42.00	66.00	59.00
47	34.00	31.00	48.00	43.00	67.00	60.00
48	34.00	31.00	49.00	44.00	68.00	62.00
49	35.00	32.00	49.00	44.00	68.00	62.00
50	35.00	32.00	50.00	46.00	70.00	63.00
51	35.00	32.00	51.00	47.00	70.00	63.00
52	36.00	33.00	52.00	48.00	72.00	65.00
53	38.00	34.00	56.00	51.00	74.00	67.00
54	39.00	35.00	59.00	54.00	78.00	70.00
55	42.00	38.00	63.00	57.00	80.00	73.00
56	43.00	39.00	66.00	60.00	83.00	75.00
57	47.00	41.00	72.00	65.00	89.00	80.00
58	50.00	44.00	76.00	70.00	95.00	86.00
59	55.00	49.00	81.00	73.00	100.00	90.00
60	59.00	54.00	88.00	79.00	107.00	97.00
61	64.00	58.00	93.00	84.00	115.00	105.00
62	71.00	64.00	100.00	90.00	122.00	111.00
63	75.00	69.00	108.00	97.00	130.00	119.00
64	80.00	73.00	117.00	105.00	137.00	125.00
65	85.00	78.00	125.00	112.00	147.00	133.00
66	92.00	85.00	135.00	122.00	155.00	141.00
67	100.00	91.00	145.00	131.00	168.00	153.00
68	111.00	101.00	159.00	143.00	183.00	166.00
69	123.00	112.00	175.00	158.00	200.00	181.00
70	138.00	126.00	190.00	173.00	218.00	196.00
71	153.00	141.00	209.00	189.00	239.00	217.00
72	172.00	157.00	231.00	210.00	263.00	237.00
73	191.00	175.00	256.00	233.00	288.00	261.00
74	212.00	193.00	285.00	258.00	316.00	288.00
75	236.00	213.00	316.00	286.00	345.00	315.00
76	261.00	236.00	348.00	316.00	379.00	346.00
77	291.00	263.00	382.00	347.00	411.00	376.00
78	320.00	290.00	414.00	376.00	443.00	405.00
79	351.00	319.00	447.00	406.00	475.00	432.00
80	385.00	352.00	481.00	438.00	509.00	462.00
81	422.00	387.00	519.00	472.00	546.00	495.00
82	464.00	427.00	563.00	512.00	588.00	532.00
83	511.00	469.00	612.00	558.00	634.00	573.00
84	564.00	518.00	671.00	611.00	688.00	624.00
85	615.00	565.00	732.00	665.00	751.00	679.00
86	671.00	616.00	798.00	725.00	818.00	740.00
87	732.00	672.00	870.00	790.00	892.00	806.00
88	798.00	733.00	949.00	861.00	972.00	879.00
89	870.00	799.00	1034.00	939.00	1059.00	958.00
90	949.00	871.00	1126.00	1024.00	1154.00	1044.00
91	1034.00	950.00	1228.00	1116.00	1259.00	1138.00
92	1126.00	1035.00	1339.00	1217.00	1372.00	1241.00
93	1228.00	1128.00	1459.00	1326.00	1495.00	1353.00
94	1339.00	1229.00	1590.00	1445.00	1629.00	1474.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	30.00	27.00	43.00	40.00	62.00	57.00
25-29	32.00	30.00	47.00	43.00	66.00	62.00
30-34	34.00	32.00	50.00	47.00	72.00	66.00
35-39	36.00	34.00	55.00	50.00	78.00	72.00
40-44	40.00	36.00	59.00	55.00	83.00	78.00
45	40.00	36.00	59.00	55.00	83.00	78.00
46	44.00	38.00	60.00	56.00	84.00	79.00
47	46.00	39.00	62.00	57.00	87.00	80.00
48	46.00	39.00	62.00	57.00	88.00	81.00
49	46.00	39.00	63.00	58.00	89.00	82.00
50	47.00	40.00	64.00	59.00	89.00	82.00
51	48.00	41.00	65.00	60.00	90.00	83.00
52	49.00	41.00	67.00	63.00	92.00	86.00
53	50.00	42.00	71.00	65.00	95.00	88.00
54	52.00	44.00	75.00	70.00	98.00	90.00
55	55.00	47.00	80.00	73.00	103.00	93.00
56	58.00	50.00	84.00	78.00	107.00	98.00
57	63.00	54.00	90.00	83.00	113.00	104.00
58	67.00	57.00	97.00	89.00	120.00	108.00
59	73.00	62.00	104.00	95.00	128.00	116.00
60	79.00	67.00	111.00	101.00	137.00	124.00
61	84.00	73.00	120.00	108.00	147.00	133.00
62	91.00	78.00	129.00	117.00	155.00	141.00
63	98.00	85.00	137.00	126.00	166.00	151.00
64	105.00	90.00	148.00	135.00	175.00	159.00
65	112.00	96.00	157.00	144.00	186.00	170.00
66	121.00	103.00	170.00	156.00	197.00	180.00
67	132.00	113.00	184.00	169.00	212.00	193.00
68	146.00	125.00	202.00	185.00	231.00	211.00
69	163.00	139.00	222.00	203.00	253.00	232.00
70	181.00	156.00	244.00	224.00	278.00	254.00
71	203.00	174.00	271.00	248.00	306.00	280.00
72	228.00	196.00	300.00	274.00	337.00	309.00
73	254.00	218.00	332.00	303.00	370.00	340.00
74	284.00	243.00	366.00	335.00	407.00	374.00
75	317.00	271.00	404.00	369.00	448.00	410.00
76	352.00	300.00	444.00	406.00	488.00	448.00
77	391.00	335.00	489.00	447.00	535.00	490.00
78	431.00	368.00	532.00	488.00	578.00	530.00
79	470.00	403.00	577.00	530.00	621.00	570.00
80	513.00	441.00	625.00	574.00	668.00	612.00
81	563.00	483.00	678.00	624.00	719.00	659.00
82	617.00	531.00	737.00	678.00	776.00	711.00
83	681.00	585.00	804.00	740.00	841.00	771.00
84	754.00	648.00	881.00	812.00	914.00	838.00
85	822.00	706.00	960.00	885.00	997.00	913.00
86	895.00	770.00	1046.00	965.00	1087.00	996.00
87	975.00	839.00	1140.00	1052.00	1185.00	1086.00
88	1063.00	914.00	1243.00	1147.00	1292.00	1184.00
89	1158.00	997.00	1355.00	1250.00	1408.00	1290.00
90	1262.00	1087.00	1477.00	1363.00	1535.00	1406.00
91	1375.00	1185.00	1610.00	1486.00	1674.00	1533.00
92	1499.00	1292.00	1755.00	1619.00	1825.00	1671.00
93	1633.00	1408.00	1913.00	1765.00	1989.00	1821.00
94	1781.00	1535.00	2085.00	1924.00	2168.00	1985.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	33.00	31.00	50.00	47.00	71.00	66.00
25-29	35.00	33.00	54.00	50.00	76.00	72.00
30-34	39.00	35.00	58.00	55.00	82.00	78.00
35-39	42.00	38.00	63.00	59.00	89.00	83.00
40-44	46.00	41.00	67.00	64.00	96.00	90.00
45	46.00	41.00	67.00	64.00	96.00	90.00
46	46.00	41.00	68.00	65.00	97.00	91.00
47	47.00	42.00	70.00	66.00	99.00	93.00
48	48.00	43.00	71.00	67.00	100.00	95.00
49	48.00	43.00	72.00	67.00	100.00	95.00
50	49.00	44.00	73.00	68.00	101.00	96.00
51	49.00	44.00	74.00	70.00	104.00	97.00
52	51.00	47.00	78.00	73.00	105.00	98.00
53	54.00	49.00	81.00	75.00	108.00	101.00
54	56.00	51.00	84.00	79.00	113.00	105.00
55	59.00	55.00	90.00	83.00	116.00	107.00
56	62.00	57.00	96.00	89.00	122.00	112.00
57	66.00	62.00	103.00	95.00	129.00	119.00
58	72.00	66.00	109.00	101.00	136.00	124.00
59	78.00	71.00	117.00	108.00	146.00	133.00
60	82.00	75.00	128.00	117.00	156.00	143.00
61	89.00	82.00	137.00	125.00	166.00	153.00
62	97.00	89.00	147.00	136.00	179.00	163.00
63	103.00	94.00	158.00	145.00	190.00	172.00
64	110.00	101.00	168.00	156.00	200.00	183.00
65	117.00	107.00	180.00	166.00	211.00	193.00
66	127.00	116.00	192.00	178.00	225.00	205.00
67	138.00	127.00	208.00	193.00	242.00	221.00
68	154.00	141.00	230.00	212.00	265.00	241.00
69	171.00	157.00	253.00	234.00	290.00	266.00
70	190.00	175.00	282.00	259.00	319.00	292.00
71	214.00	197.00	312.00	287.00	350.00	323.00
72	240.00	220.00	347.00	317.00	386.00	357.00
73	269.00	248.00	383.00	350.00	426.00	392.00
74	300.00	277.00	420.00	385.00	468.00	431.00
75	336.00	310.00	463.00	425.00	514.00	473.00
76	375.00	345.00	510.00	468.00	564.00	517.00
77	415.00	382.00	561.00	516.00	617.00	566.00
78	457.00	420.00	611.00	563.00	667.00	612.00
79	499.00	460.00	663.00	611.00	719.00	660.00
80	544.00	500.00	720.00	664.00	775.00	712.00
81	594.00	547.00	784.00	724.00	834.00	768.00
82	653.00	601.00	853.00	789.00	902.00	831.00
83	719.00	662.00	932.00	862.00	979.00	902.00
84	799.00	735.00	1021.00	945.00	1066.00	982.00
85	871.00	801.00	1113.00	1030.00	1162.00	1071.00
86	950.00	874.00	1213.00	1123.00	1266.00	1167.00
87	1035.00	953.00	1322.00	1224.00	1380.00	1273.00
88	1128.00	1039.00	1441.00	1335.00	1505.00	1387.00
89	1229.00	1133.00	1571.00	1455.00	1641.00	1511.00
90	1340.00	1234.00	1712.00	1586.00	1788.00	1647.00
91	1461.00	1345.00	1866.00	1728.00	1949.00	1796.00
92	1593.00	1466.00	2033.00	1883.00	2125.00	1957.00
93	1736.00	1598.00	2216.00	2052.00	2316.00	2134.00
94	1892.00	1741.00	2416.00	2236.00	2525.00	2325.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	40.00	38.00	59.00	55.00	83.00	79.00
25-29	43.00	41.00	64.00	59.00	90.00	84.00
30-34	47.00	44.00	70.00	64.00	97.00	91.00
35-39	50.00	48.00	75.00	70.00	105.00	98.00
40-44	55.00	51.00	81.00	75.00	113.00	106.00
45	55.00	51.00	81.00	75.00	113.00	106.00
46	56.00	52.00	83.00	76.00	115.00	108.00
47	57.00	54.00	84.00	78.00	117.00	109.00
48	58.00	54.00	86.00	80.00	119.00	112.00
49	59.00	55.00	88.00	81.00	120.00	112.00
50	59.00	55.00	89.00	82.00	121.00	113.00
51	60.00	56.00	91.00	84.00	123.00	115.00
52	62.00	57.00	93.00	87.00	127.00	119.00
53	64.00	59.00	98.00	91.00	131.00	122.00
54	67.00	63.00	104.00	97.00	136.00	127.00
55	72.00	67.00	111.00	104.00	141.00	132.00
56	76.00	71.00	117.00	109.00	148.00	138.00
57	81.00	75.00	125.00	117.00	157.00	146.00
58	87.00	81.00	135.00	125.00	166.00	155.00
59	93.00	87.00	145.00	136.00	177.00	164.00
60	100.00	92.00	155.00	145.00	189.00	176.00
61	108.00	99.00	166.00	155.00	202.00	187.00
62	116.00	107.00	178.00	166.00	215.00	201.00
63	124.00	115.00	188.00	177.00	230.00	214.00
64	134.00	124.00	200.00	186.00	245.00	228.00
65	143.00	133.00	211.00	197.00	260.00	242.00
66	155.00	144.00	225.00	210.00	278.00	259.00
67	169.00	156.00	244.00	228.00	299.00	278.00
68	189.00	175.00	272.00	253.00	326.00	304.00
69	209.00	194.00	303.00	282.00	356.00	330.00
70	232.00	216.00	339.00	316.00	389.00	361.00
71	260.00	242.00	380.00	353.00	426.00	395.00
72	293.00	272.00	423.00	394.00	469.00	434.00
73	327.00	302.00	467.00	433.00	514.00	477.00
74	365.00	338.00	515.00	477.00	566.00	525.00
75	406.00	375.00	567.00	527.00	621.00	577.00
76	451.00	416.00	623.00	578.00	679.00	632.00
77	499.00	462.00	682.00	634.00	742.00	691.00
78	545.00	504.00	743.00	691.00	800.00	747.00
79	592.00	549.00	804.00	749.00	861.00	803.00
80	640.00	594.00	870.00	812.00	925.00	862.00
81	697.00	648.00	942.00	880.00	993.00	927.00
82	762.00	709.00	1025.00	959.00	1072.00	1001.00
83	837.00	779.00	1119.00	1046.00	1160.00	1083.00
84	927.00	862.00	1227.00	1148.00	1261.00	1179.00
85	1011.00	940.00	1337.00	1251.00	1374.00	1285.00
86	1102.00	1025.00	1458.00	1364.00	1497.00	1401.00
87	1201.00	1118.00	1589.00	1487.00	1632.00	1527.00
88	1309.00	1218.00	1732.00	1621.00	1779.00	1664.00
89	1427.00	1327.00	1888.00	1767.00	1939.00	1814.00
90	1556.00	1447.00	2059.00	1925.00	2113.00	1977.00
91	1695.00	1577.00	2244.00	2098.00	2304.00	2155.00
92	1848.00	1720.00	2446.00	2287.00	2511.00	2350.00
93	2014.00	1875.00	2666.00	2493.00	2737.00	2562.00
94	2196.00	2043.00	2906.00	2718.00	2983.00	2793.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	47.00	44.00	71.00	64.00	96.00	90.00
25-29	50.00	48.00	76.00	70.00	104.00	97.00
30-34	55.00	51.00	82.00	75.00	112.00	105.00
35-39	59.00	56.00	89.00	81.00	121.00	113.00
40-44	64.00	60.00	96.00	88.00	131.00	122.00
45	64.00	60.00	96.00	88.00	131.00	122.00
46	66.00	62.00	98.00	89.00	133.00	124.00
47	67.00	63.00	99.00	90.00	136.00	127.00
48	67.00	64.00	101.00	92.00	138.00	129.00
49	68.00	65.00	103.00	93.00	139.00	130.00
50	70.00	65.00	104.00	95.00	140.00	131.00
51	71.00	67.00	107.00	98.00	143.00	133.00
52	74.00	70.00	111.00	101.00	147.00	138.00
53	76.00	72.00	116.00	107.00	153.00	143.00
54	80.00	75.00	123.00	114.00	158.00	148.00
55	84.00	79.00	131.00	122.00	166.00	155.00
56	90.00	84.00	140.00	131.00	176.00	164.00
57	97.00	90.00	149.00	140.00	186.00	173.00
58	101.00	95.00	160.00	152.00	197.00	185.00
59	111.00	103.00	171.00	162.00	209.00	195.00
60	117.00	108.00	182.00	173.00	221.00	207.00
61	127.00	117.00	196.00	187.00	236.00	221.00
62	136.00	127.00	209.00	198.00	252.00	236.00
63	147.00	137.00	220.00	209.00	270.00	254.00
64	157.00	146.00	231.00	219.00	288.00	272.00
65	170.00	158.00	243.00	229.00	308.00	292.00
66	184.00	172.00	258.00	242.00	331.00	313.00
67	201.00	189.00	281.00	263.00	357.00	337.00
68	223.00	209.00	312.00	294.00	387.00	365.00
69	247.00	232.00	351.00	330.00	422.00	396.00
70	276.00	258.00	397.00	373.00	459.00	428.00
71	307.00	287.00	446.00	419.00	501.00	466.00
72	343.00	321.00	498.00	467.00	551.00	512.00
73	384.00	358.00	552.00	517.00	603.00	561.00
74	427.00	397.00	609.00	571.00	662.00	618.00
75	477.00	441.00	670.00	626.00	726.00	681.00
76	528.00	490.00	736.00	688.00	795.00	748.00
77	582.00	540.00	805.00	753.00	866.00	817.00
78	632.00	588.00	874.00	818.00	933.00	880.00
79	683.00	638.00	944.00	885.00	1002.00	945.00
80	738.00	690.00	1019.00	958.00	1073.00	1012.00
81	800.00	749.00	1101.00	1038.00	1152.00	1086.00
82	871.00	817.00	1196.00	1129.00	1241.00	1170.00
83	955.00	897.00	1306.00	1232.00	1341.00	1265.00
84	1055.00	989.00	1433.00	1351.00	1457.00	1375.00
85	1151.00	1078.00	1562.00	1473.00	1588.00	1499.00
86	1255.00	1175.00	1703.00	1605.00	1731.00	1633.00
87	1368.00	1280.00	1857.00	1750.00	1887.00	1781.00
88	1491.00	1396.00	2024.00	1908.00	2057.00	1941.00
89	1626.00	1521.00	2206.00	2079.00	2243.00	2116.00
90	1772.00	1659.00	2404.00	2266.00	2445.00	2306.00
91	1932.00	1808.00	2620.00	2470.00	2664.00	2513.00
92	2106.00	1971.00	2856.00	2692.00	2904.00	2739.00
93	2295.00	2149.00	3113.00	2935.00	3166.00	2986.00
94	2502.00	2342.00	3393.00	3199.00	3451.00	3255.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum
730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	7.00	7.00	10.00	9.00	14.00	13.00
25-29	8.00	7.00	11.00	10.00	15.00	14.00
30-34	9.00	8.00	12.00	11.00	17.00	15.00
35-39	9.00	8.00	13.00	11.00	18.00	16.00
40-44	10.00	9.00	14.00	12.00	20.00	17.00
45	10.00	9.00	14.00	12.00	20.00	17.00
46	10.00	9.00	14.00	13.00	20.00	18.00
47	10.00	9.00	14.00	13.00	20.00	18.00
48	10.00	9.00	15.00	13.00	20.00	19.00
49	11.00	10.00	15.00	13.00	20.00	19.00
50	11.00	10.00	15.00	14.00	21.00	19.00
51	11.00	10.00	15.00	14.00	21.00	19.00
52	11.00	10.00	16.00	14.00	22.00	20.00
53	11.00	10.00	17.00	15.00	22.00	20.00
54	12.00	11.00	18.00	16.00	23.00	21.00
55	13.00	11.00	19.00	17.00	24.00	22.00
56	13.00	12.00	20.00	18.00	25.00	23.00
57	14.00	12.00	22.00	20.00	27.00	24.00
58	15.00	13.00	23.00	21.00	29.00	26.00
59	17.00	15.00	24.00	22.00	30.00	27.00
60	18.00	16.00	26.00	24.00	32.00	29.00
61	19.00	17.00	28.00	25.00	35.00	32.00
62	21.00	19.00	30.00	27.00	37.00	33.00
63	23.00	21.00	32.00	29.00	39.00	36.00
64	24.00	22.00	35.00	32.00	41.00	38.00
65	26.00	23.00	38.00	34.00	44.00	40.00
66	27.00	25.00	39.00	35.00	45.00	41.00
67	28.00	25.00	41.00	37.00	47.00	43.00
68	30.00	27.00	43.00	39.00	49.00	45.00
69	32.00	29.00	46.00	41.00	52.00	47.00
70	35.00	32.00	48.00	43.00	55.00	49.00
71	37.00	34.00	50.00	45.00	57.00	52.00
72	40.00	36.00	53.00	48.00	60.00	55.00
73	42.00	39.00	56.00	51.00	63.00	57.00
74	45.00	41.00	60.00	54.00	66.00	60.00
75	47.00	43.00	63.00	57.00	69.00	63.00
76	50.00	45.00	66.00	60.00	72.00	66.00
77	52.00	47.00	69.00	62.00	74.00	68.00
78	54.00	49.00	70.00	64.00	75.00	69.00
79	56.00	51.00	72.00	65.00	76.00	69.00
80	58.00	53.00	72.00	66.00	76.00	69.00
81	63.00	58.00	78.00	71.00	82.00	74.00
82	70.00	64.00	84.00	77.00	88.00	80.00
83	77.00	70.00	92.00	84.00	95.00	86.00
84	85.00	78.00	101.00	92.00	103.00	94.00
85	92.00	85.00	110.00	100.00	113.00	102.00
86	101.00	92.00	120.00	109.00	123.00	111.00
87	110.00	101.00	131.00	119.00	134.00	121.00
88	120.00	110.00	142.00	129.00	146.00	132.00
89	131.00	120.00	155.00	141.00	159.00	144.00
90	142.00	131.00	169.00	154.00	173.00	157.00
91	155.00	143.00	184.00	167.00	189.00	171.00
92	169.00	155.00	201.00	183.00	206.00	186.00
93	184.00	169.00	219.00	199.00	224.00	203.00
94	201.00	184.00	239.00	217.00	244.00	221.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum
1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	9.00	8.00	13.00	12.00	19.00	17.00
25-29	10.00	9.00	14.00	13.00	20.00	19.00
30-34	10.00	10.00	15.00	14.00	22.00	20.00
35-39	11.00	10.00	17.00	15.00	23.00	22.00
40-44	12.00	11.00	18.00	17.00	25.00	23.00
45	12.00	11.00	18.00	17.00	25.00	23.00
46	13.00	11.00	18.00	17.00	25.00	24.00
47	14.00	12.00	19.00	17.00	26.00	24.00
48	14.00	12.00	19.00	17.00	26.00	24.00
49	14.00	12.00	19.00	17.00	27.00	25.00
50	14.00	12.00	19.00	18.00	27.00	25.00
51	14.00	12.00	20.00	18.00	27.00	25.00
52	15.00	12.00	20.00	19.00	28.00	26.00
53	15.00	13.00	21.00	20.00	29.00	26.00
54	16.00	13.00	23.00	21.00	29.00	27.00
55	17.00	14.00	24.00	22.00	31.00	28.00
56	17.00	15.00	25.00	23.00	32.00	29.00
57	19.00	16.00	27.00	25.00	34.00	31.00
58	20.00	17.00	29.00	27.00	36.00	32.00
59	22.00	19.00	31.00	29.00	38.00	35.00
60	24.00	20.00	33.00	30.00	41.00	37.00
61	25.00	22.00	36.00	32.00	44.00	40.00
62	27.00	23.00	39.00	35.00	47.00	42.00
63	29.00	26.00	41.00	38.00	50.00	45.00
64	32.00	27.00	44.00	41.00	53.00	48.00
65	34.00	29.00	47.00	43.00	56.00	51.00
66	35.00	30.00	49.00	45.00	57.00	52.00
67	37.00	32.00	52.00	47.00	59.00	54.00
68	39.00	34.00	55.00	50.00	62.00	57.00
69	42.00	36.00	58.00	53.00	66.00	60.00
70	45.00	39.00	61.00	56.00	70.00	64.00
71	49.00	42.00	65.00	60.00	73.00	67.00
72	52.00	45.00	69.00	63.00	78.00	71.00
73	56.00	48.00	73.00	67.00	81.00	75.00
74	60.00	51.00	77.00	70.00	85.00	79.00
75	63.00	54.00	81.00	74.00	90.00	82.00
76	67.00	57.00	84.00	77.00	93.00	85.00
77	70.00	60.00	88.00	80.00	96.00	88.00
78	73.00	63.00	90.00	83.00	98.00	90.00
79	75.00	64.00	92.00	85.00	99.00	91.00
80	77.00	66.00	94.00	86.00	100.00	92.00
81	84.00	72.00	102.00	94.00	108.00	99.00
82	93.00	80.00	111.00	102.00	116.00	107.00
83	102.00	88.00	121.00	111.00	126.00	116.00
84	113.00	97.00	132.00	122.00	137.00	126.00
85	123.00	106.00	144.00	133.00	150.00	137.00
86	134.00	116.00	157.00	145.00	163.00	149.00
87	146.00	126.00	171.00	158.00	178.00	163.00
88	159.00	137.00	186.00	172.00	194.00	178.00
89	174.00	150.00	203.00	188.00	211.00	194.00
90	189.00	163.00	222.00	204.00	230.00	211.00
91	206.00	178.00	242.00	223.00	251.00	230.00
92	225.00	194.00	263.00	243.00	274.00	251.00
93	245.00	211.00	287.00	265.00	298.00	273.00
94	267.00	230.00	313.00	289.00	325.00	298.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums.
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum
1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	10.00	9.00	15.00	14.00	21.00	20.00
25-29	11.00	10.00	16.00	15.00	23.00	22.00
30-34	12.00	11.00	17.00	16.00	25.00	23.00
35-39	13.00	11.00	19.00	18.00	27.00	25.00
40-44	14.00	12.00	20.00	19.00	29.00	27.00
45	14.00	12.00	20.00	19.00	29.00	27.00
46	14.00	12.00	20.00	20.00	29.00	27.00
47	14.00	13.00	21.00	20.00	30.00	28.00
48	14.00	13.00	21.00	20.00	30.00	29.00
49	14.00	13.00	22.00	20.00	30.00	29.00
50	15.00	13.00	22.00	20.00	30.00	29.00
51	15.00	13.00	22.00	21.00	31.00	29.00
52	15.00	14.00	23.00	22.00	32.00	29.00
53	16.00	15.00	24.00	23.00	32.00	30.00
54	17.00	15.00	25.00	24.00	34.00	32.00
55	18.00	17.00	27.00	25.00	35.00	32.00
56	19.00	17.00	29.00	27.00	37.00	34.00
57	20.00	19.00	31.00	29.00	39.00	36.00
58	22.00	20.00	33.00	30.00	41.00	37.00
59	23.00	21.00	35.00	32.00	44.00	40.00
60	25.00	23.00	38.00	35.00	47.00	43.00
61	27.00	25.00	41.00	38.00	50.00	46.00
62	29.00	27.00	44.00	41.00	54.00	49.00
63	31.00	28.00	47.00	44.00	57.00	52.00
64	33.00	30.00	50.00	47.00	60.00	55.00
65	35.00	32.00	54.00	50.00	63.00	58.00
66	37.00	34.00	56.00	52.00	65.00	59.00
67	39.00	36.00	58.00	54.00	68.00	62.00
68	42.00	38.00	62.00	57.00	72.00	65.00
69	44.00	41.00	66.00	61.00	75.00	69.00
70	48.00	44.00	71.00	65.00	80.00	73.00
71	51.00	47.00	75.00	69.00	84.00	78.00
72	55.00	51.00	80.00	73.00	89.00	82.00
73	59.00	55.00	84.00	77.00	94.00	86.00
74	63.00	58.00	88.00	81.00	98.00	91.00
75	67.00	62.00	93.00	85.00	103.00	95.00
76	71.00	66.00	97.00	89.00	107.00	98.00
77	75.00	69.00	101.00	93.00	111.00	102.00
78	78.00	71.00	104.00	96.00	113.00	104.00
79	80.00	74.00	106.00	98.00	115.00	106.00
80	82.00	75.00	108.00	100.00	116.00	107.00
81	89.00	82.00	118.00	109.00	125.00	115.00
82	98.00	90.00	128.00	118.00	135.00	125.00
83	108.00	99.00	140.00	129.00	147.00	135.00
84	120.00	110.00	153.00	142.00	160.00	147.00
85	131.00	120.00	167.00	155.00	174.00	161.00
86	143.00	131.00	182.00	168.00	190.00	175.00
87	155.00	143.00	198.00	184.00	207.00	191.00
88	169.00	156.00	216.00	200.00	226.00	208.00
89	184.00	170.00	236.00	218.00	246.00	227.00
90	201.00	185.00	257.00	238.00	268.00	247.00
91	219.00	202.00	280.00	259.00	292.00	269.00
92	239.00	220.00	305.00	282.00	319.00	294.00
93	260.00	240.00	332.00	308.00	347.00	320.00
94	284.00	261.00	362.00	335.00	379.00	349.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

THE CINCINNATI LIFE INSURANCE COMPANY
Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum
2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	12.00	11.00	18.00	17.00	25.00	24.00
25-29	13.00	12.00	19.00	18.00	27.00	25.00
30-34	14.00	13.00	21.00	19.00	29.00	27.00
35-39	15.00	14.00	23.00	21.00	32.00	29.00
40-44	17.00	15.00	24.00	23.00	34.00	32.00
45	17.00	15.00	24.00	23.00	34.00	32.00
46	17.00	16.00	25.00	23.00	35.00	32.00
47	17.00	16.00	25.00	23.00	35.00	33.00
48	17.00	16.00	26.00	24.00	36.00	34.00
49	18.00	17.00	26.00	24.00	36.00	34.00
50	18.00	17.00	27.00	25.00	36.00	34.00
51	18.00	17.00	27.00	25.00	37.00	35.00
52	19.00	17.00	28.00	26.00	38.00	36.00
53	19.00	18.00	29.00	27.00	39.00	37.00
54	20.00	19.00	31.00	29.00	41.00	38.00
55	22.00	20.00	33.00	31.00	42.00	40.00
56	23.00	21.00	35.00	33.00	44.00	41.00
57	24.00	23.00	38.00	35.00	47.00	44.00
58	26.00	24.00	41.00	38.00	50.00	47.00
59	28.00	26.00	44.00	41.00	53.00	49.00
60	30.00	28.00	47.00	44.00	57.00	53.00
61	32.00	30.00	50.00	47.00	61.00	56.00
62	35.00	32.00	53.00	50.00	65.00	60.00
63	37.00	35.00	56.00	53.00	69.00	64.00
64	40.00	37.00	60.00	56.00	74.00	68.00
65	43.00	40.00	63.00	59.00	78.00	73.00
66	45.00	42.00	65.00	61.00	81.00	75.00
67	47.00	44.00	68.00	64.00	84.00	78.00
68	51.00	47.00	73.00	68.00	88.00	82.00
69	54.00	50.00	79.00	73.00	93.00	86.00
70	58.00	54.00	85.00	79.00	97.00	90.00
71	62.00	58.00	91.00	85.00	102.00	95.00
72	67.00	63.00	97.00	91.00	108.00	100.00
73	72.00	66.00	103.00	95.00	113.00	105.00
74	77.00	71.00	108.00	100.00	119.00	110.00
75	81.00	75.00	113.00	105.00	124.00	115.00
76	86.00	79.00	118.00	110.00	129.00	120.00
77	90.00	83.00	123.00	114.00	134.00	124.00
78	93.00	86.00	126.00	117.00	136.00	127.00
79	95.00	88.00	129.00	120.00	138.00	128.00
80	96.00	89.00	131.00	122.00	139.00	129.00
81	105.00	97.00	141.00	132.00	149.00	139.00
82	114.00	106.00	154.00	144.00	161.00	150.00
83	126.00	117.00	168.00	157.00	174.00	162.00
84	139.00	129.00	184.00	172.00	189.00	177.00
85	152.00	141.00	201.00	188.00	206.00	193.00
86	165.00	154.00	219.00	205.00	225.00	210.00
87	180.00	168.00	238.00	223.00	245.00	229.00
88	196.00	183.00	260.00	243.00	267.00	250.00
89	214.00	199.00	283.00	265.00	291.00	272.00
90	233.00	217.00	309.00	289.00	317.00	297.00
91	254.00	237.00	337.00	315.00	346.00	323.00
92	277.00	258.00	367.00	343.00	377.00	353.00
93	302.00	281.00	400.00	374.00	411.00	384.00
94	329.00	306.00	436.00	408.00	447.00	419.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

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Long Term Care Offices
P. O. Box 5714, Hopkins, Minnesota
Individual Plan
Rate Filing for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum
Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	14.00	13.00	21.00	19.00	29.00	27.00
25-29	15.00	14.00	23.00	21.00	31.00	29.00
30-34	17.00	15.00	25.00	23.00	34.00	32.00
35-39	18.00	17.00	27.00	24.00	36.00	34.00
40-44	19.00	18.00	29.00	26.00	39.00	37.00
45	19.00	18.00	29.00	26.00	39.00	37.00
46	20.00	19.00	29.00	27.00	40.00	37.00
47	20.00	19.00	30.00	27.00	41.00	38.00
48	20.00	19.00	30.00	28.00	41.00	39.00
49	20.00	20.00	31.00	28.00	42.00	39.00
50	21.00	20.00	31.00	29.00	42.00	39.00
51	21.00	20.00	32.00	29.00	43.00	40.00
52	22.00	21.00	33.00	30.00	44.00	41.00
53	23.00	22.00	35.00	32.00	46.00	43.00
54	24.00	23.00	37.00	34.00	47.00	44.00
55	25.00	24.00	39.00	37.00	50.00	47.00
56	27.00	25.00	42.00	39.00	53.00	49.00
57	29.00	27.00	45.00	42.00	56.00	52.00
58	30.00	29.00	48.00	46.00	59.00	56.00
59	33.00	31.00	51.00	49.00	63.00	59.00
60	35.00	32.00	55.00	52.00	66.00	62.00
61	38.00	35.00	59.00	56.00	71.00	66.00
62	41.00	38.00	63.00	59.00	76.00	71.00
63	44.00	41.00	66.00	63.00	81.00	76.00
64	47.00	44.00	69.00	66.00	86.00	82.00
65	51.00	47.00	73.00	69.00	92.00	88.00
66	53.00	50.00	75.00	70.00	96.00	91.00
67	56.00	53.00	79.00	74.00	100.00	94.00
68	60.00	56.00	84.00	79.00	104.00	99.00
69	64.00	60.00	91.00	86.00	110.00	103.00
70	69.00	65.00	99.00	93.00	115.00	107.00
71	74.00	69.00	107.00	101.00	120.00	112.00
72	79.00	74.00	115.00	107.00	127.00	118.00
73	84.00	79.00	121.00	114.00	133.00	123.00
74	90.00	83.00	128.00	120.00	139.00	130.00
75	95.00	88.00	134.00	125.00	145.00	136.00
76	100.00	93.00	140.00	131.00	151.00	142.00
77	105.00	97.00	145.00	136.00	156.00	147.00
78	107.00	100.00	149.00	139.00	159.00	150.00
79	109.00	102.00	151.00	142.00	160.00	151.00
80	111.00	104.00	153.00	144.00	161.00	152.00
81	120.00	112.00	165.00	156.00	173.00	163.00
82	131.00	123.00	179.00	169.00	186.00	176.00
83	143.00	135.00	196.00	185.00	201.00	190.00
84	158.00	148.00	215.00	203.00	219.00	206.00
85	173.00	162.00	234.00	221.00	238.00	225.00
86	188.00	176.00	255.00	241.00	260.00	245.00
87	205.00	192.00	279.00	263.00	283.00	267.00
88	224.00	209.00	304.00	286.00	309.00	291.00
89	244.00	228.00	331.00	312.00	336.00	317.00
90	266.00	249.00	361.00	340.00	367.00	346.00
91	290.00	271.00	393.00	371.00	400.00	377.00
92	316.00	296.00	428.00	404.00	436.00	411.00
93	344.00	322.00	467.00	440.00	475.00	448.00
94	375.00	351.00	509.00	480.00	518.00	488.00

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%

January 27, 2021

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218



20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

RE: RATE REVISION FOR THE CINCINNATI LIFE INSURANCE COMPANY
PROJECT NAME: LTC 2020 RATES
SERFF TRACKING NO: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated December 29, 2020. Your letter indicated you would like additional information. Specifically, you stated:

Objection 1

The company has stated that it is requesting a lower rate increase than required by 14VAC5-200-153 B2. If the company cannot certify that no further rate increases are anticipated, then what loss ratio does the company intend to target for these forms?

The company is currently not requesting rate increases to target a specific loss ratio but rather is trying to get all policies on the same rate increase level, so that all the policyholders are being treated fairly.

Objection 2

Regarding the response submitted 12/17/2020, please provide separate experience projections for the pre-stability and post-stability blocks (Objection #4, Items 2, 5, and 10).

Please see the attached exhibits split by pre-stability and post stability:

Item 2 (Lifetime Loss Ratio Exhibit): 'Objection 20201229 – Exhibit I.xlsx'

Item 5 (Original Pricing Exhibit): 'Objection 20201229 – Exhibit II.xlsx'

Item 10 (Nationwide Maximum Allowable RI): 'Objection 20201229 – Exhibit III & IV.xlsx'

We look forward to hearing from you.

Sincerely,

A handwritten signature in blue ink that reads 'Lynn M. Manchester'.

Lynn Manchester, FSA, MAAA
Principal Consulting Actuary
LTCG



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

February 24, 2021

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated January 28, 2021. Your letter indicated you would like additional information. Specifically, you stated:

Applies to L&H Actuarial Memorandum (Supporting Document)

- 1) *In the actuarial exhibits submitted 1/27/2021, two exhibits which had previously been attached were left off. Please reattach the Actual to Expected analysis and the Rate History Increase by State.*

These exhibits have been reattached.

- 2) *There are several corrections to the Actuarial Memorandum which were previously made which did not show up in the version attached 1/27/21. Please make the following revisions:*
 - 1) *Section 2 - the form numbers do not match the Affected Form Numbers on the Rate/Rule Schedule.*
 - 2) *Section 16 - please revise the exhibit to show pre and post stability separately.*
 - 3) *Section 19 - please revise the exhibit to show pre and post stability separately.*
 - 4) *Section 20 - in the previous version this section was labeled Rate Stabilization. The exhibit with the 58%/85% test should reflect only the post stability policies.*
 - 5) *Section 21 - Please update the actuarial certification for compliance with 14VAC5-130-70 B 14 (premiums reasonable in relation to the benefits provided) and 14VAC5-200-153 B 2.*

These revisions have been made.

- 3) *The last sentence of Section 3 of the Actuarial Memorandum says: A contingent benefit upon lapse rider has been provided to all insureds. This statement seems to conflict with several of the objection responses:*
- *In the response to objection 5 dated 12/16/20, the company says: Cincinnati Life Insurance Policies do not have contingent benefit upon lapse option.*
 - *In response #1 submitted 10/1/2020, the company indicated Rider Form LTC-312-VA (1/02), the Contingent Benefit Upon Lapse rider, has been removed from the Affected Form Numbers as there are currently no Virginia policies with this rider. Please clarify these discrepancies.*

The Form LTC-312 is an inherent benefit of all Cincinnati Life Insurance long term care policies, though, the details of this benefit vary by state. We apologize to for the oversight as this benefit comes into play only if there has been a significant amount of rate increases applied to the policy as listed in the rider form. For clarity, we have attached the details of Form LTC-312-VA (1/02), which is provided to all insureds, and updated the affected form numbers to reinclude this benefit.

Applies to Long Term Care Insurance Rate Request Summary ('Supporting Document')

- 4) *Please update the Form Numbers to be consistent with the Affected Form Numbers under the Rate/Rule Schedule.*

This revision has been made.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

Cincinnati Life Insurance Company**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100****1. PURPOSE OF FILING**

This is a rate increase filing for Cincinnati Life Insurance Company's existing Long Term Care policy form series LTC-100. The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of the jurisdiction and demonstrates compliance with loss ratio regulation. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the Company's Long Term Care policy and rider forms summarized below:

Policy Form LTC-100-VA (4/99) Tax Qualified
Rider Form LTC-300 (4/99) (Nonforfeiture Rider)
Rider Form LTC-301 (4/99) (Restoration of Benefits)
Rider Form LTC-302 (4/99) (Coverage Amendment Rider)
Rider Form LTC-312-VA (1/02) (Contingent Benefit Upon Lapse)

The rate increase will apply to all insureds issued coverage under the above referenced forms in this state. These policy forms were issued in Virginia by The Cincinnati Life Insurance Company ("Cincinnati Life") from September 1999 through February 2004 and are no longer being marketed in any jurisdiction.

3. DESCRIPTION OF BENEFITS

These are federally tax-qualified, individually underwritten policy forms that provide comprehensive long term care (LTC) coverage. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured may have had the option to choose one of three benefit increase options: no benefit increases, equal benefit increases, or compound benefit increases. The equal benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% of the daily benefit amount chosen at issue for the life of the insured. The compound benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% compounded annually for the life of the insured. The increasing benefits apply even when the policy is in claim status.

At issue, the insured had the option to choose either a 50-day or 100-day elimination period. The insured also had the option to choose a lifetime payment maximum equal to 730 days (2 years), 1,095 days (3 years), 1,460 days (4 years), or 2,190 days (6 years) multiplied by the daily payment amount, or an unlimited lifetime payment maximum.

Cincinnati Life Insurance Company**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100**

At issue the insured may have had the option of selecting a non-forfeiture benefit rider or restoration of benefits rider.

A contingent benefit upon lapse rider has been provided to all insureds.

4. RENEWABILITY

These policy forms are guaranteed renewable for life.

5. APPLICABILITY

As these policy forms are no longer marketed, this filing is applicable to inforce policies only.

6. MARKETING METHOD

These policy forms were marketed by agents and brokers of Cincinnati Life.

7. UNDERWRITING

These policies were underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician statement, telephone interview and/or face to face interview.

8. AREA FACTORS

Area factors are not used for the product.

9. PREMIUMS

Premiums are unisex and payable for life. The premiums may vary by issue age, lifetime payment maximum, initial daily payment maximum, elimination period, benefit increase option, risk class, group/spousal discounts, and the selection of any riders.

10. PREMIUM MODALIZATION RULES

The following modal factors were applied to the annual premium:

Premium Mode	Factor
Annual	1.00
Semi-Annual	.51
Quarterly	.26
Monthly	.09

Cincinnati Life Insurance Company**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100****11. ISSUE AGE RANGE**

Experience Basis	Issue Age Range
Nationwide	33-81
State Virginia	48-65

12. RESERVES

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2019 have been discounted to the incurral date of each respective claim and included in historical incurred claims. An estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2019, has been allocated to the 2018 and 2019 calendar years of incurral and included in historic incurred claims.

13. CONTINGENCY AND RISK MARGIN

Contingency and risk margins have not been included in the justification for this rate increase.

14. RATE INCREASE REQUEST

This rate filing is a request for a 100% increase. This rate increase is necessary due to higher than expected claims that produce a lifetime loss ratio significantly greater than the original pricing loss ratio. This filing demonstrates that if the current trends continue, and nationwide earned premiums are restated to the historical Virginia rate level, the actual lifetime loss ratio will be 163%.

The proposed effective date is as soon as possible following approval and fulfillment of all statutory and contractual requirements.

While a larger rate increase can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and will determine the need for an additional premium increase as experience emerges.

15. RATE INCREASE HISTORY

There have not been any previous rate increases on this block of business.

The cumulative approved nationwide average rate increase is 166%.

16. ANNUALIZED PREMIUM

The number of policies inforce and average annualized premium in Virginia and nationwide as of December 31, 2019 is shown in the table below:

Cincinnati Life Insurance Company

Objection 20200901 Actuarial Memorandum Policy Form Series LTC-100

Experience Basis	Rate Stability	Policies Inforce	Average Annualized Premium*	Average Annualized Premium with a 100% Increase*
Virginia	Pre-RS	11	\$1,862	\$3,724
	Post-RS	4	\$1,455	\$2,911
Nationwide	Pre-RS	971	\$2,903	\$5,805
	Post-RS	136	\$2,661	\$5,321

**Based on premium paying policyholders.*

17. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio for these forms is 60%.

18. ASSUMPTIONS

Interest

The effective annual rate of interest assumed for accumulating historical experience and for discounting projected future experience is 4.0%.

Mortality

Best estimate mortality assumptions for active lives are based on the 2012 Individual Annuity Mortality (IAM) table with selection factors developed from the selection patterns in the 2001 CSO table. To determine the expected active mortality rate, the base mortality rate from the 2012 IAM table is multiplied by an adjustment factor equal to: the select mortality rate from the CSO table using the policy's issue age and duration divided by the ultimate CSO mortality rate for the same attained age. No mortality improvement was assumed.

Disabled life mortality assumptions are based on a percentage of claim terminations.

Voluntary Lapse Rates

Best estimate voluntary lapse rates are derived from a total termination study based on actual experience and are shown in the following table:

	Marital Status at Issue	
	Married	Single
All Issue Ages	0.50%	0.85%

Morbidity

Morbidity assumptions are based on company experience and other long term care industry experience from General Re Life Corporation, the reinsurer for this business. Morbidity assumptions are composed of three main components: claim incidence, utilization and claim

Cincinnati Life Insurance Company

Objection 20200901 Actuarial Memorandum Policy Form Series LTC-100

continuance. Claim incidence rates measure the likelihood of a claim for an LTC policyholder. Utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. Claim continuance refers to the length of time that a policyholder stays on claim once benefit eligibility requirements have been met. Claim incidence, utilization, and claim continuance assumptions are used to estimate claim costs. Morbidity assumptions do not include morbidity improvement.

19. LIFETIME LOSS RATIO

Exhibit A includes calendar year historical experience through December 31, 2019 as well as projected future experience for sixty years both with and without the requested rate increase. The historical incurred claims reflect claim payment run off through December 31, 2019.

The historical and projected future experience is based on nationwide experience for policy form LTC-100, and a similar policy form LTC-120 which was issued during the same time period. Nationwide earned premiums are restated to the historical and projected Virginia rate levels.

A summary of the historical, future and lifetime loss ratios with the requested 100% rate increase shown in the table below:

Lifetime Experience with Requested 100% Increase				
Basis		Earned Premium Historical/Projected VA Rate Levels	Incurred Claims	Loss Ratio
Pre-RS Policies	Accumulated Past	51,186,148	30,459,641	59.5%
	Discounted Future	13,483,337	66,130,024	490.5%
	Lifetime	64,669,485	96,589,664	149.4%
Post-RS Policies	Accumulated Past	5,419,165	1,352,666	25.0%
	Discounted Future	2,069,322	8,353,537	403.7%
	Lifetime	7,488,487	9,706,203	129.6%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after implementation of the rate increases.

20. RATE STABILIZATION

The table below provides a demonstration that the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%,
2. 85% if the accumulated value of prior premium rate schedule increases,
3. Present value of future projected initial earned premium times 58%, and

Cincinnati Life Insurance Company

Objection 20200901 Actuarial Memorandum Policy Form Series LTC-100

4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

The present and accumulated values in the demonstration are determined at the maximum valuation interest rate for contract reserves applicable to the year of issue, which is 4.5%.

Rate Stabilization Loss Ratio Demonstration – Post RS Policies Only					
1. Accumulated value of initial earned premium	5,702,778	x	58%	=	3,307,611
2a. Accumulated value of earned premium	5,702,778				
2b. Accumulated value of prior premium rate schedule increases (2a – 1)	0	x	85%	=	0
3. Present value of future projected initial earned premium	1,103,579	x	58%	=	640,076
4a. Present value of future projected premium	2,001,918				
4b. Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	898,339	x	85%	=	763,588
5. Lifetime Earned Premium Times Prescribed Factor: (1+2b+3+4b)					4,711,275
6a. Accumulated value of incurred claims without the inclusion of active life reserves	1,379,138				
6b. Present value of future projected incurred claims without the inclusion of active life reserves	7,844,604				
7. Lifetime Incurred Claims with Rate Increase: (6a+6b)					9,223,742
8. Test: 7 is not less than 5					TRUE

An increase larger than requested is necessary to certify that the rate schedule is sufficient to cover anticipated costs under moderately adverse experience, and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases.

The majority of policyholders covered by this policy form series were issued before the effective date of rate stabilization regulations. The company is asking for a 100% increase now in the event an additional increase is not necessary. As a result, all policyholders will be treated consistently and fairly.

21. ACTUARIAL CERTIFICATION

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

February 23, 2021

Cincinnati Life Insurance Company

**Objection 20200901 Actuarial Memorandum
Policy Form Series LTC-100**

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No.8.

I have relied on insured and projection information provided by General Re Life Corporation, the reinsurer for this business. I have not audited or independently verified the data provided but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia and the rules of the Office of Insurance. In my opinion the rates are not excessive or unfairly discriminatory and premiums are reasonable in relation to the benefits provided. If the requested increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

The company has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant thereto.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Brian Ulery", with a stylized flourish at the end.

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

February 23, 2021

Objection 20201117 - Exhibit III
The Cincinnati Life Insurance Company
LTC-100 and LTC-120 Rate Increase History by State

[illegible]

The Cincinnati Life Insurance Company

Long Term Care Offices
[P. O. Box 5716, Hopkins, Minnesota 55343-5716]

CONTINGENT BENEFIT UPON LAPSE

APPLICABLE ONLY IF PREMIUMS ARE INCREASED SUBSTANTIALLY

This provision describes a benefit which is available if and only if a substantial cumulative increase is made in the premiums charged for this policy and the policy lapses within 120 days of the due date of the premium so increased. If your policy also has a Nonforfeiture Benefit Rider, the coverage provided by that Rider will apply whenever the policy lapses after having been in force for at least 3 years (even if there has been no change in premium rates).

When this Benefit Applies As stated in the Declarations on page 1 of this policy, we will give you at least 60 days prior written notice of any change in the premium rates for this policy. In the event the cumulative amount of all premium increases is considered to be a substantial premium increase (as determined by the table included in this rider) we will:

- Offer to reduce policy benefits provided by the current coverage without the requirement of additional underwriting so that the required premium payments are not increased; and
- Offer to convert coverage to a paid-up status with a shortened benefit period as described below. This option may be elected at any time during the 120-day period following the due date of the premium increase.

Notice to You If a substantial premium increase occurs, we will notify you, the Policyholder, that a default or lapse at any time during the 120-day period following the due date of the premium increase will be deemed to be the election of the offer to convert as described above.

The Shortened Benefit Period Plan If you convert the coverage provided by this policy in accordance with the above provisions, the same Benefits, with the same Elimination Period and Daily Payment Maximum in effect at the time of lapse or election to convert (but not changed thereafter because you have Inflation Protection), will apply. The amount of the reduced Lifetime Payment Maximum will be the greater of:

- thirty (30) times your Daily Payment Maximum at the time of lapse; or
- 100% of the sum of all premiums paid for the policy and any attached rider, including premiums paid prior to any change in benefits.

This amount will not be reduced by any benefits payable for expenses incurred prior to the date of lapse.

In no case will the sum of the benefits paid while the policy is:

- in premium paying status; and
- in paid up status;

exceed the Lifetime Payment Maximum that would have applied if the policy had remained in premium paying status.

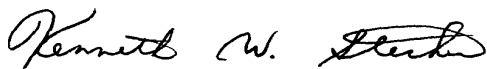
The following table determines what constitutes a substantial premium increase.

Triggers for a Substantial Premium Increase

Issue Age	%Increase Over Initial Premium	Issue Age	%Increase Over Initial Premium	Issue Age	% Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

This provision forms a part of the policy to which it is attached.

Signed for The Cincinnati Life Insurance Company.



Secretary



President



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

March 11, 2021

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated March 5, 2021. Your letter indicated you would like additional information. Specifically, you stated:

Applies to CLIC Response to 1-28-21 Objection (Supporting Document)

- 1) *It appears the revised Rate Request Summary referenced in the response to Objection 4 was not attached. Please attach the updated Rate Request Summary.*

This file has been attached as 'Objection 20210305 – ltraterreq_sum.pdf'.

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Ulery', with a stylized flourish at the end.

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: Cincinnati Life Insurance Company NAIC # 76236

SERFF Tracking Number: GRJR-132365687

Revised Rates

Average Annual Premium Per Member: 1,754

Average Requested Percentage Rate Change Per Member: 100%

Range of Requested Rate Changes: 100%

Number of Virginia Policyholders Affected: 15

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
LTC-100		9/1999-2/2004	None	
LTC-300	Nonforfeiture Rider	9/1999-2/2004	None	
LTC-301	Restoration of Benefits	9/1999-2/2004	None	
LTC-302	Coverage Amendment Rider	9/1999-2/2004	None	
LTC-312-VA	Contingent Benefit Upon Lapse	1/2002-2/2004	None	

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>. (Rev. 06/19)



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

April 20, 2021

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated March 22, 2021. Your letter indicated you would like additional information. Specifically, you stated:

1. *Please provide the active life reserve balance as of the projection date corresponding to the nationwide split by pre-stability and post-stability policies.*

See the following table for the nationwide active life reserve balance as of 12/31/2019 split by pre and post rate stability.

Nationwide Active Life Reserve Balance	
Pre- Rate Stability	Post-Rate Stability
26,828,265	2,946,629

2. *Please provide the A/E analysis for current morbidity, mortality and lapse assumptions.*

Please see the attached 'Objection 20210322 Exhibit II' for the requested information.

3. *Please provide an exhibit comparing current and original assumptions.*

Please see the attached 'Objection 20210322 Exhibit III' for the requested information.

4. *Please provide the actual claim count and discussion of credibility underlying the morbidity assumption.*

Please see the table below for yearly new claim counts from this block for the 5 years preceding year-end 2019. The morbidity assumptions underlying this filing are based on experience from this company as well as other long-term care industry experience from General Re Life Corporation, the reinsurer for this block of business.

Nationwide Claim Counts by Year	
Year	Claims
2019	22
2018	20
2017	16
2016	18
2015	18

5. *Please indicate whether the assumptions contain any margins for adverse deviations.*

Current assumptions do not contain margins for adverse deviations.

6. *Pursuant to 14VAC5-200-185 D.3., this 100% rate increase request would trigger the contingent benefit upon lapse for all policies. Please respond how the company plans to comply with 14VAC5-200-153 G.1.*

In notifying policyholders of an approved rate increase on this block, the company will offer all policyholders the option to either accept the rate increase in full, reduce benefits at a rate equal to the rate increase amount, or elect to lapse with a contingent paid up benefit equal to premiums paid.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

April 20, 2021

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated April 4, 2021. Your letter indicated you would like additional information. Specifically, you stated:

Applies To: CLIC Response to 3-5-21 Objection (Supporting Document)

- 1) *Thank you for attaching the updated Rate Request Summary, however, some of the information on the previous version of the summary did not appear on the revised version:*
 - *Please include the Product Name for LTC-100*
 - *Please complete the Outlook for Future Rate Increases column for all Form Numbers*
 - *Please attach the summary narrative (was on page 2 in the previous version).*
- 2) *The updated Rate Request Summary should be attached under the heading Long Term Care Insurance Rate Request Summary on the Supporting Documentation tab.*

Please see the attached 'Long Term Care Insurance Rate Request Summary.pdf' for the requested information.

We look forward to hearing from you.

Sincerely,

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

Objection 20210322 - Exhibit II
Cincinnati Life Insurance Company
Actual to Expected Loss Ratios
Nationwide Experience as of December 31, 2019 (Includes All Policies)
All Inflation and All Benefit Period Policies

<u>Year</u>	<u>Actual Experience</u>	<u>Original Pricing</u>	<u>Actual to Expected</u>
1999	0.0%	3.5%	0.00
2000	0.0%	3.7%	0.00
2001	0.0%	5.1%	0.00
2002	19.5%	6.6%	2.94
2003	17.4%	8.0%	2.18
2004	11.1%	9.9%	1.11
2005	1.4%	12.8%	0.11
2006	57.8%	15.8%	3.66
2007	15.4%	19.1%	0.80
2008	38.2%	22.6%	1.70
2009	33.8%	26.6%	1.27
2010	29.3%	31.3%	0.94
2011	116.9%	36.7%	3.18
2012	171.2%	43.2%	3.96
2013	100.9%	50.6%	1.99
2014	57.7%	59.4%	0.97
2015	113.9%	69.7%	1.64
2016	129.6%	81.6%	1.59
2017	190.3%	95.7%	1.99
2018	267.5%	112.4%	2.38
<u>2019</u>	<u>290.8%</u>	<u>131.8%</u>	<u>2.21</u>
Total	56%	28%	2.03

Objection 20210322 - Exhibit II
Cincinnati Life Insurance Company
Actual to Expected Claim Costs
Nationwide Experience as of December 31, 2019 (Includes All Policies)
All Inflation and All Benefit Period Policies

<u>Year</u>	<u>Actual Experience</u>	<u>Original Pricing</u>	<u>Actual to Expected</u>
1999	-	12.93	0.00
2000	-	37.22	0.00
2001	-	72.18	0.00
2002	339.10	99.88	3.40
2003	298.80	126.81	2.36
2004	185.89	172.68	1.08
2005	24.26	220.63	0.11
2006	973.48	271.24	3.59
2007	247.21	326.20	0.76
2008	606.30	383.73	1.58
2009	534.18	450.20	1.19
2010	460.64	527.11	0.87
2011	1,534.99	614.75	2.50
2012	2,018.46	717.74	2.81
2013	1,108.50	836.30	1.33
2014	650.66	974.89	0.67
2015	1,301.46	1,134.58	1.15
2016	1,442.92	1,318.88	1.09
2017	2,107.68	1,535.55	1.37
2018	2,862.53	1,789.49	1.60
<u>2019</u>	<u>3,113.67</u>	<u>2,081.10</u>	<u>1.50</u>
Total	19,810.71	13,704.07	1.45

Objection 20210322 - Exhibit II
Cincinnati Life Insurance Company
Actual to Expected Decrement Rate
Nationwide Experience as of December 31, 2019 (Includes All Policies)
All Inflation and All Benefit Period Policies

<u>Year</u>	<u>Actual Experience</u>	<u>Original Pricing</u>	<u>Actual to Expected</u>
2005	2.4%	5.0%	0.48
2006	1.9%	5.1%	0.37
2007	4.9%	5.3%	0.92
2008	3.0%	5.5%	0.55
2009	3.0%	5.6%	0.53
2010	2.4%	5.7%	0.42
2011	2.1%	5.9%	0.35
2012	3.0%	6.0%	0.51
2013	3.1%	6.2%	0.50
2014	2.6%	6.4%	0.41
2015	2.5%	6.5%	0.39
2016	2.3%	6.7%	0.34
2017	3.1%	6.9%	0.45
2018	2.6%	7.2%	0.36
2019	2.6%	7.4%	0.35

Objection 20210322 - Exhibit III
The Cincinnati Life Insurance Company

Category	Original Pricing Assumptions	Best Estimate Assumption
Mortality	See Objection 20210322 - Exhibit IIIa	See Objection 20210322 - Exhibit IIIa
Lapse rates	See Objection 20210322 - Exhibit IIIb	See Objection 20210322 - Exhibit IIIb
Morbidity	Initial claim costs are based on GE's original pricing assumptions. GE's claim costs vary by issue age and policy duration.	See Objection 20210322 - Exhibit IIIc - IIIe
Interest Rates	4%	6.5% for durations one through three, graded to 6.0% for durations five and later.

Objection 20210322 - Exhibit IIIa
Cincinnati Life Insurance Company
Mortality Selection Factors

The 2012 Individual Annuity Mortality (IAM) table was selected as the base mortality table for active lives. The expected mortality assumption also includes selection factors, developed from the selection patterns in the 2001 CSO table. Specifically, to determine the expected active mortality rate, the base mortality rate from the 2012 IAM table is multiplied by an adjustment factor equal to: the select mortality rate from the CSO table using the policy's issue age and duration, divided by the ultimate CSO mortality rate for the same attained age.

Best Estimate Assumptions	
Attained Age	Adjustment
0-49	100%
80-83	90%
84	90%
85	92%
86	94%
87	96%
88	98%
89	100%
90+	100%

Original Pricing Assumptions

The 1983 Individual Annuity Mortality (IAM) table was selected as the base mortality table for active lives.

Duration	All Ages
1	50%
2	58%
3	67%
4	75%
5	83%
6	92%
7+	100%

Objection 20210322 - Exhibit IIIb
Cincinnati Life Insurance Company
Lapse Selection Factors

Best Estimate Assumptions

All Issue Ages and Durations

Marital Status at Issue	Lapse Rate
Married	0.50%
Single	0.85%

Original Pricing Assumptions

Duration	Issue Age			
	< 70	70-74	75-79	80+
1	10.0%	10.0%	10.0%	10.0%
2+	4.0%	4.5%	5.0%	5.5%

Objection 20210322 - Exhibit IIIc
Cincinnati Life Insurance Company
Utilization Assumption with Selection Factors

Best Estimate Assumptions

Base Utilization Rate

Facility	82.50%
HHC	52% for ages <=70; grade to 60% for ages >=75

Adjustment by Claim Duration*

Claim Duration	Facility
1	0.70
12	1.00
24+	1.10

*Grade linearly between durations

Adjustment by Benefit Amount

Maximum Daily Benefit	Facility
<\$100	1.04
\$100-\$149	0.98
\$150-\$199	0.90
\$200+	0.90

Adjustment by Inflation

Inflation Type	All Sites
Compound	0.95
Simple	0.95
None	1.05

Annual Utilization Trend

Inflation Type	All Sites
Compound	-1%
Simple	0%
None	1%

The trend assumption is applied for 20 years, beginning in 2012 (approximately the mid-point of the experience study). The final utilization rate is capped at 100%.

Objection 20210322 - Exhibit IIIId
Cincinnati Life Insurance Company
Incidence Assumptions with Selection Factors

Best Estimate Assumptions

Base Ultimate Incidence Assumptions

Home Care Only Coverage: EP = 0 days

Attained Age	Male	Female
<50	0.55%	0.63%
50-59	0.85%	0.97%
60-69	1.29%	1.48%
70-74	2.63%	3.02%
75-79	4.19%	4.82%
80-84	7.90%	9.08%
85-89	13.00%	14.95%
90+	20.15%	23.17%

Facility Care Only Coverage: EP = 0 days

Attained Age	Male	Female
<50	0.11%	0.04%
50-59	0.12%	0.16%
60-69	0.20%	0.16%
70-74	0.53%	0.95%
75-79	1.23%	1.72%
80-84	2.97%	4.13%
85-89	6.26%	8.14%
90+	13.57%	16.29%

Facility Care Only Coverage: EP = 90 days

Attained Age	Male	Female
<50	0.09%	0.02%
50-59	0.10%	0.09%
60-69	0.17%	0.09%
70-74	0.32%	0.49%
75-79	0.70%	1.31%
80-84	1.98%	2.76%
85-89	4.42%	6.76%
90+	8.96%	10.61%

Comprehensive Coverage: Facility EP = 0 days &
HHC EP = 0 days

Attained Age	Male	Female
<50	0.25%	0.47%
50-59	0.59%	0.80%
60-69	0.66%	1.16%
70-74	1.56%	2.53%
75-79	3.02%	5.24%
80-84	6.27%	10.15%
85-89	10.41%	14.86%
90+	17.02%	21.98%

Comprehensive Coverage: Facility EP = 90 days &
HHC EP = 0 days

Attained Age	Male	Female
<50	0.14%	0.17%
50-59	0.25%	0.32%
60-69	0.32%	0.45%
70-74	0.65%	0.94%
75-79	1.57%	2.19%
80-84	3.22%	5.07%
85-89	6.30%	9.85%
90+	10.42%	13.78%

Comprehensive Coverage: Facility EP =
90 days & HHC EP = 90 days

Attained Age	Male	Female
<50	0.10%	0.13%
50-59	0.19%	0.24%
60-69	0.24%	0.34%
70-74	0.52%	0.75%
75-79	1.34%	1.86%
80-84	2.90%	4.56%
85-89	5.99%	9.36%
90+	10.42%	13.78%

Underwriting Selection Factors

	Single					Married					
Duration	45	55	65	75	80	45	55	65	72	77	80
1	0.18	0.18	0.22	0.40	0.60	0.13	0.13	0.13	0.15	0.15	0.60
2	0.25	0.25	0.37	0.58	0.75	0.16	0.16	0.21	0.25	0.30	0.75
3	0.31	0.31	0.52	0.70	0.87	0.19	0.19	0.27	0.35	0.44	0.87
4	0.36	0.36	0.62	0.77	0.95	0.22	0.22	0.33	0.45	0.57	0.95
5	0.41	0.41	0.70	0.83	1.00	0.25	0.25	0.39	0.54	0.70	1.00
6	0.46	0.46	0.75	0.90	1.00	0.28	0.28	0.45	0.63	0.81	1.00
7	0.50	0.50	0.80	0.96	1.00	0.31	0.31	0.51	0.72	0.90	1.00
8	0.54	0.54	0.84	1.00	1.00	0.34	0.34	0.57	0.80	0.98	1.00
9	0.59	0.59	0.88	1.00	1.00	0.37	0.37	0.63	0.87	1.00	1.00
10	0.61	0.61	0.90	1.00	1.00	0.39	0.40	0.66	0.94	1.00	1.00
11	0.62	0.64	0.91	1.00	1.00	0.41	0.43	0.69	0.97	1.00	1.00
12	0.64	0.66	0.93	1.00	1.00	0.43	0.46	0.72	1.00	1.00	1.00
13	0.65	0.69	0.95	1.00	1.00	0.45	0.48	0.75	1.00	1.00	1.00
14	0.67	0.71	0.97	1.00	1.00	0.47	0.51	0.78	1.00	1.00	1.00
15	0.68	0.73	0.98	1.00	1.00	0.49	0.54	0.82	1.00	1.00	1.00
16	0.70	0.76	1.00	1.00	1.00	0.51	0.57	0.85	1.00	1.00	1.00
Ultimate	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Adjustment by Coverage Type

Duration	Comp.	Facility	HH-Only
1	0.97	1.06	1.00
2	0.97	1.06	1.00
3	0.97	1.06	1.00
4	0.97	1.06	1.00
5	0.97	1.06	1.00
6	0.97	1.06	1.00
7	0.97	1.06	0.99
8	0.97	1.06	0.98
9	0.97	1.06	0.97
10	0.97	1.06	0.96
11	0.97	1.06	0.95
12	0.97	1.06	0.94
13	0.97	1.06	0.94
14	0.97	1.06	0.94
15	0.97	1.06	0.94
16+	0.97	1.06	0.94

Adjustment by Tax Qualification Status

Tax Status	Adjustment
NTQ	1.04
TQ	0.96

Adjustment by Benefit Period

Duration	1-2 Yr	3-6 Yr	Lifetime
1	0.7	1	1.5
2	0.82	1	1.5
3	0.88	1	1.4
4	0.9	1	1.3
5	0.9	1	1.23
6	0.9	1	1.21
7	0.9	1	1.19
8	0.9	1	1.17
9	0.9	1	1.15
10	0.9	1	1.13
11	0.9	1	1.12
12	0.92	1	1.11
13	0.94	1	1.1
14	0.96	1	1.1
15	0.98	1	1.1
16+	1	1	1.09

Adjustment by Elimination Period

The following formula was used to calculate the adjusted incidence rate for any Elimination Period other than 0 days or 90 days.

$$\text{Incidence}(x) = \text{Incidence}(90) * \text{Continuance}(x) / \text{Continuance}(90) * \text{Adj}(x) / \text{Adj}(90)$$

where:

- Incidence(90) = Incidence rate using base assumptions with selection and adjustments applied with an EP of 90 days;
- Continuance(x) = the Milliman 2014 Comprehensive Tax-Qualified Lifetime continuance curve at x days;
- Adj(x) = the Milliman 2014 Benefit Richness Adjustment for an EP of x days

Objection 20210322 - Exhibit IIIe
Cincinnati Life Insurance Company
Claim Termination Selection Factors

Best Estimate Assumptions

Continuance assumptions were developed using the 2014 Milliman LTC Claim Cost Guidelines

Disabled Age	Adjustment 1		
	NHC	ALF	HHC
<=67	110%	80%	120%
68	110%	80%	116%
69	110%	80%	112%
70	110%	80%	108%
71	110%	80%	104%
72	110%	80%	100%
73	110%	80%	99%
74	110%	80%	98%
75	110%	80%	96%
76	110%	80%	95%
77	110%	80%	94%
78	110%	80%	93%
79	110%	80%	91%
80	110%	80%	90%
81	110%	81%	89%
82	110%	82%	87%
83	110%	83%	86%
84	110%	84%	84%
85	110%	85%	83%
86	110%	86%	81%
87	110%	87%	80%
88	110%	88%	80%
89	110%	89%	80%
90	110%	90%	80%
91	110%	91%	80%
92	110%	92%	80%
93	110%	93%	80%
94	110%	94%	80%
95	110%	95%	80%
96	110%	96%	80%
97	110%	97%	80%
98	110%	98%	80%
99	110%	99%	80%

Objection 20210322 - Exhibit IIIe
Cincinnati Life Insurance Company
Claim Termination Selection Factors

Best Estimate Assumptions

Continuance assumptions were developed using the 2014 Milliman LTC Claim Cost Guidelines

Duration	Adjustment 2					
	<u>NHC</u>	<u>ALF</u>		<u>HHC</u>		
	All Ages	<=82	>=87	<=72	77-82	>=87
1	110%	65%	80%	120%	115%	115%
2	110%	65%	85%	120%	115%	115%
3	110%	65%	90%	120%	115%	115%
4	110%	70%	93%	120%	115%	115%
5	110%	75%	95%	115%	115%	115%
6	110%	80%	98%	110%	110%	115%
7	108%	85%	100%	105%	105%	113%
8	105%	90%	104%	105%	105%	110%
9	98%	95%	105%	105%	105%	110%
10	95%	95%	106%	105%	105%	110%
11	95%	95%	106%	105%	105%	110%
12	95%	95%	107%	105%	105%	110%
13	95%	95%	108%	104%	102%	108%
14	95%	95%	109%	103%	98%	105%
15	95%	95%	109%	102%	95%	103%
16	95%	95%	110%	101%	92%	100%
17	94%	95%	110%	99%	88%	100%
18	93%	95%	110%	98%	85%	100%
19	92%	97%	110%	97%	85%	100%
20	91%	98%	110%	96%	85%	100%
21	90%	100%	110%	95%	85%	100%
22	90%	101%	110%	94%	85%	100%
23	90%	101%	110%	93%	85%	100%
24	90%	102%	110%	92%	85%	100%
25	90%	102%	110%	91%	85%	100%
26	90%	103%	110%	89%	85%	100%
27	90%	103%	110%	88%	85%	100%
28	90%	104%	110%	87%	85%	100%
29	90%	104%	110%	86%	85%	100%
30	90%	105%	110%	85%	85%	100%
31	90%	105%	110%	84%	85%	100%
32	90%	106%	110%	83%	85%	100%
33	90%	106%	110%	83%	85%	100%
34	90%	107%	110%	82%	85%	100%
35	90%	107%	110%	81%	85%	100%
36	90%	108%	110%	80%	85%	100%
37	90%	108%	110%	79%	85%	100%
38	90%	108%	110%	78%	85%	100%
39	90%	109%	110%	78%	85%	100%
40	90%	109%	110%	77%	85%	100%
41	90%	110%	110%	76%	85%	100%
42	90%	110%	110%	75%	85%	100%
43	91%	110%	110%	75%	85%	100%
44	92%	111%	110%	74%	85%	100%
45	93%	111%	110%	74%	85%	100%
46	93%	112%	110%	73%	85%	100%
47	94%	112%	110%	73%	85%	100%
48	95%	113%	110%	73%	85%	100%
49	96%	113%	110%	72%	85%	100%
50	97%	113%	110%	72%	85%	100%
51	98%	114%	110%	71%	85%	100%
52	98%	114%	110%	71%	85%	100%
53	99%	115%	110%	70%	85%	100%
54	100%	115%	110%	70%	85%	100%
55	102%	116%	110%	70%	85%	100%
56	103%	117%	110%	70%	85%	100%
57	105%	118%	110%	70%	85%	100%
58	107%	118%	110%	70%	85%	100%
59	108%	119%	110%	70%	85%	100%
60	110%	120%	110%	70%	85%	100%

Objection 20210322 - Exhibit IIIe
Cincinnati Life Insurance Company
Claim Termination Selection Factors

Best Estimate Assumptions

Continuance assumptions were developed using the 2014 Milliman LTC Claim Cost Guidelines

Duration	<u>NHC</u>		Adjustment 3				<u>HHC</u>
	Male	Female	<u>ALF</u>		Male >=87	Female >=87	All Ages
			Male <=82	Female <=82			
1	100%	90%	100%	80%	100%	100%	100%
2	100%	90%	100%	80%	100%	100%	100%
3	100%	90%	100%	85%	100%	100%	100%
4	100%	90%	100%	90%	100%	100%	100%
5	100%	90%	100%	90%	100%	100%	100%
6	100%	90%	100%	93%	100%	100%	100%
7	100%	90%	100%	95%	100%	100%	100%
8	100%	90%	100%	95%	100%	100%	100%
9	100%	90%	100%	95%	100%	100%	100%
10	100%	90%	100%	95%	100%	100%	100%
11	100%	90%	100%	95%	100%	100%	100%
12	100%	90%	100%	98%	100%	100%	100%
13	100%	93%	100%	100%	100%	100%	100%
14	100%	95%	100%	100%	100%	100%	100%
15	100%	98%	100%	100%	100%	100%	100%
16	100%	100%	100%	100%	100%	100%	100%
17	100%	100%	100%	100%	100%	100%	100%
18	100%	100%	100%	100%	100%	100%	100%
19	100%	100%	100%	100%	100%	100%	100%
20	100%	100%	100%	100%	100%	100%	100%
21	100%	100%	100%	100%	100%	100%	100%
22	100%	100%	100%	100%	100%	100%	100%
23	100%	100%	100%	100%	100%	100%	100%
24	100%	100%	100%	100%	100%	100%	100%
25	100%	100%	100%	100%	100%	100%	100%
26	100%	100%	100%	100%	100%	100%	100%
27	100%	100%	100%	100%	100%	100%	100%
28	100%	100%	100%	100%	100%	100%	100%
29	100%	100%	100%	100%	100%	100%	100%
30	100%	100%	100%	100%	100%	100%	100%
31	100%	100%	100%	100%	100%	100%	100%
32	100%	100%	100%	100%	100%	100%	100%
33	100%	100%	100%	100%	100%	100%	100%
34	100%	100%	100%	100%	100%	100%	100%
35	100%	100%	100%	100%	100%	100%	100%
36	100%	100%	100%	100%	100%	100%	100%
37	100%	100%	100%	100%	100%	100%	100%
38	100%	100%	100%	100%	100%	100%	100%
39	100%	100%	100%	100%	100%	100%	100%
40	100%	100%	100%	100%	100%	100%	100%
41	100%	100%	100%	100%	100%	100%	100%
42	100%	100%	100%	100%	100%	100%	100%
43	100%	100%	100%	100%	100%	100%	100%
44	100%	100%	100%	100%	100%	100%	100%
45	100%	100%	100%	100%	100%	100%	100%
46	100%	100%	100%	100%	100%	100%	100%
47	100%	100%	100%	100%	100%	100%	100%
48	100%	100%	100%	100%	100%	100%	100%
49	100%	100%	100%	100%	100%	100%	100%
50	100%	100%	100%	100%	100%	100%	100%
51	100%	100%	100%	100%	100%	100%	100%
52	100%	100%	100%	100%	100%	100%	100%
53	100%	100%	100%	100%	100%	100%	100%
54	100%	100%	100%	100%	100%	100%	100%
55	100%	100%	100%	100%	100%	100%	100%
56	100%	100%	100%	100%	100%	100%	100%
57	100%	100%	100%	100%	100%	100%	100%
58	100%	100%	100%	100%	100%	100%	100%
59	100%	100%	100%	100%	100%	100%	100%
60	100%	100%	100%	100%	100%	100%	100%

Objection 20210322 - Exhibit IIIe
Cincinnati Life Insurance Company
Claim Termination Selection Factors

Best Estimate Assumptions

Continuance assumptions were developed using the 2014 Milliman LTC Claim Cost Guidelines

Disability Duration	Adjustment 4		
	ALF	HHC	NHC
1-3	130%	40%	45%
4-6	130%	40%	45%
7-9	85%	125%	90%
10-12	85%	125%	90%
13-24	105%	105%	115%
25-36	105%	100%	100%
37-48	9500%	125%	110%
49-60	115%	105%	115%
61+	105%	75%	130%



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August 3, 2021

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated July 6, 2021. Your letter indicated you would like additional information. Specifically, you stated:

1) Applies To: [No number], Other, Policyholder Notification Letter (Form)

- 1) *Please include a unique form number for the policyholder notification letter on Line Item No. 1 on the Form Schedule*
- 2) *For compliance with 14VAC5-101-60-1, the form number must be included in the bottom left hand corner of the first page of the letter.*
- 3) *Pursuant to 14VAC5-101-60-2, the full licensed name of the company shall appear in prominent print at the top of the form. The letterhead should also include the address of the home office.*

Please see the attached revised policyholder notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that contains the above revisions. We have included an application form number variable on the first page of the letter and have included its definition in the statement of variability 'Objection 20210706 – Statement of Variability.pdf'

2) Applies To: [No number], Other, Policyholder Notification Letter (Form)

- 1) *For compliance with 14VAC5-101-70 E, the form shall be printed in at least 10-point type size. There appear to be sections which are smaller than 10-point type. Please revise the letter accordingly.*

Please see the attached revised policyholder notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that has been updated to be printed in no smaller than 10-point font.

3) Applies To: Certification of Compliance/Readability (Supporting Document)

- 1) 14VAC5-101-110 – please attach the certificate of compliance which can be found at <https://law.lis.virginia.gov/admincode/title14/agency5/chapter101/section110>.

Please see the completed certificate of compliance 'Objection 20210706 – Certificate of Compliance & Readability.pdf'.

4) Applies To: Product Checklist (Supporting Document)

- 1) Please attached a completed, signed copy of the Long-Term Care Rate Revision Checklist which can be found at <https://scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf>
- 2) Due to numerous concerns found during our review of the policyholder notification letter, we recommend you review the filing criteria referencing the policyholder letter and forms on pages 6-8.

Please see the attached checklist 'Objection 20210706 – Long-Term Care Rate Revision Checklist.pdf' that has been completed and signed. We have also reviewed the criteria on pages 6-8 and have made any further revisions to the policyholder notification letter that have not elsewhere been addressed in this objection.

5) Applies To: [No number], Other, Policyholder Notification Letter (Form)

- 1) There are several references to the Department of Insurance. Please note, it is the Virginia Bureau of Insurance, not Department. Also, in Virginia, the Bureau of Insurance is part of the State Corporation Commission. Please reference the State Corporation Commission in the language.

Please see the attached policyholder notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that has been revised to reference the Virginia State Corporation Commission as opposed to the Department of Insurance.

6) Applies To: [No number], Other, Policyholder Notification Letter (Form)

- 1) Pursuant of 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholder's right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

Please see page 1, paragraph 3 in the revised policyholder notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that has the language in compliant with 14VAC5-200-74 A 4 b.

- 2) Please explain how a policy is updated or amended to reflect any benefit changes an insured may choose to reduce the effects of the rate increase.

A coverage change confirmation is sent to the policyholder along with an updated schedule of benefits page that confirms the updated coverage. Please see 'Objection 20210706 – Coverage Change Document.pdf.'

Please see 'Objection 20210706 – Statement of Variability.pdf' for the defined variables used in the coverage change confirmation letter.

7) Applies To: [No number], Other, Policyholder Notification Letter (Form)

- 1) *Page 1 – please clearly define the variable term [date] in the SOV and confirm how the company will comply with the 75-day advance notice required in 14VAC5-200-75 D.*

Please see the attached statement of variability 'Objection 20210706 – Statement of Variability.pdf' that defines the variable term [date] to be the date on which the notification letter is sent to policyholders.

- 2) *Paragraph 2 – please revise the 3^d sentence to reflect the language in 14VAC5-200-75 D.4.*
- 3) *Paragraph 3 – The company state that future rate increases will be approved by the Bureau of Insurance. Please revise the wording to reflect that the SCC reviews rate filings for compliance. For example, "Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance."*
- 4) *Paragraph 4 – please include a statement that the policy may be subject to rate increases in the future for compliance with 14VAC5-200-75 A.1.*
- 5) *For compliance with 14VAC5-200-75 A.2, the letter should include an explanation of potential future premium rate revisions and the policyholder's options in the event of a premium rate revision.*

Please see the attached policyholder notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that addresses the revisions in items 2-5 above.

8) Applies To: [No number], Other, Policyholder Notification Letter (Form)

- 1) *Page 2, Option 2 – the insured is given 30 days from the date of the letter to select Option 2. Please explain what will happen if the insured misses the deadline.*

Please see the revised notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that explains what will happen if the insured misses the 30-day deadline.

- 2) *Page 2, Benefits Chart – the chart shows the Total Coverage Amount for Current and Options 1 & 2 as Unlimited with no variability. The actuarial memorandum indicates that the insured has the option to choose an unlimited lifetime payment maximum or a maximum based on the number of days chosen. Please confirm if the Total Coverage Amount should be variable and, if so, define the variability in the SOV.*

Please see the revised notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that has created a variable term for the Total Coverage Amount. The Total Coverage Amount variable has also been defined in the attached statement of variability 'Objection 20210706 – Statement of Variability.pdf'.

- 3) *Page 2, Benefits Chart – The variability seems to show the changes in the daily maximum are the only decreases which will be offered in conjunction with Option 2. Please confirm if the company intends to offer additional benefit reductions.*

The company only intends to offer the option to decrease daily maximums in conjunction with Option 2 at this time.

- 4) *Page 3, Paragraph 1 – for compliance with 14VAC5-200-75 D.2.b, the disclosure that all options available may not be of equal value should be emphasized by bolding, highlighting, using larger text, or some other method that will bring attention to it.*

Please see the revised notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that includes a bolded sentence that suggests that all options may not be equivalent.

9) Applies To: [No number], Other, Policyholder Notification Letter (Form)

- 1) *Please confirm all items to be included in the policyholder mailings. If additional documents are to be included beyond the policyholder notification letter and change form, they must be included in the filing. For example, the Policyholder letter refers to "either of the enclosed election forms." Previously approved forms may be provided under the supporting documents tab.*

Please see the attached supplemental election forms to be included in the policyholder mailings. 'Objection 20210706 – Coverage Decrease Election Form.pdf' and 'Objection 20210706 – Paid-Up Status Election Form.pdf'

- 2) *Any enclosures to be included in the mailing should be specified under "Enclosure" on page 3 if not variable or clearly defined in the SOV, if variable. For example, the referenced envelope should be listed under "Enclosure."*

Please see the revised policyholder notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that lists the enclosures to be included in the policyholder mailings.

3) *Please define the variable items included after the “cc” on page 3 in the SOV.*

Please see the statement of variability 'Objection 20210706 – Statement of Variability.pdf' for the definitions of these variable terms.

10) Statement of Variability (Supporting Document); [No number], Other, Policyholder Notification Letter (Form)

- 1) *We note that variable information is indicated using several different style brackets. Any information appearing in the form is considered variable and subject to change must be bracketed to denote variability. Each variable item must be denoted in square [] brackets. Use of another character may be requested with an explanation and must be consistently used throughout the document.*
- 2) *Other issues the company may want to address include whether phone numbers, website addresses, and signatures should be variable.*

Please see the revised policyholder notification letter 'Objection 20210706 – Revised Policyholder Notification Letter.pdf' that only denotes variable items using square brackets.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

August 3, 2021

«FIELD_2» «FIELD_3» «FIELD_4»
«FIELD_6»
«FIELD_7»
«FIELD_8» «FIELD_9» «FIELD_10»

RE: Policy Number«FIELD_13»

Dear «FIELD_2» «FIELD_4»:

We have approved your request for a change in coverage. Your new coverage is effective as of «FIELD_16», and your new premium is \$«FIELD_17». Your premium for this reduced coverage is based on your original issue age.

Enclosed you will find your new Schedule of Benefits which reflects the changes in your coverage. Please replace your current schedule with the enclosed so that your records are current.

If you have any questions about your long-term care coverage, please call us toll-free at «grp_cs_phone». Our Customer Service Representatives are available «grp_cs_hours».

Sincerely,



Administrator
«grp_program»

Enclosure(s)

cc: «Agent_FName» «Agent_MName» «Agent_LName»
«Agency»
«Agent_Addr1»
«Agent_Addr2»
«Agent_City» «Agent_State» «Agent_Zip»

Field 16: Effective date of coverage change (e.g., June 1, 2002)

Field 17: New premium amount (no \$ sign needed) (e.g., 25.00)

August 3, 2021

«AGENT_FNAME» «AGENT_MNAME» «AGENT_LNAME»
«AGENCY»
«AGENT_ADDR1»
«AGENT_ADDR2»
«AGENT_CITY» «AGENT_STATE» «AGENT_ZIP»

RE: Policy Number«FIELD_13»

Dear «FIELD_2» «FIELD_4»:

We have approved your request for a change in coverage. Your new coverage is effective as of «FIELD_16», and your new premium is \$«FIELD_17». Your premium for this reduced coverage is based on your original issue age.

Enclosed you will find your new Schedule of Benefits which reflects the changes in your coverage. Please replace your current schedule with the enclosed so that your records are current.

If you have any questions about your long-term care coverage, please call us toll-free at «grp_cs_phone». Our Customer Service Representatives are available «grp_cs_hours».

Sincerely,



Administrator
«grp_program»

Enclosure(s)

The Cincinnati Life Insurance Company
LONG-TERM CARE
Form LTC-100
Option 2
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 30 days from the date of this letter.

NOTE: If you do not select Option 2 within 30 days or Option 3 within 120 days from the date of this letter, you will automatically receive Option 1. In that case your next premium invoice will reflect the increased premium.

Decreased Nursing Home Care Maximum Daily Amount:	[\$DGNHMDB]
Decreased Assisted Living Facility Care Maximum Daily Amount:	[\$DGALFMDB]
Decreased Home Health Care Maximum Daily Amount:	[\$DGHHCMDB]
Total Coverage Amount:	[COVAMT]
Premium/Premium Mode:	[\$CURMODPREM]

Insured: [FIELD_2] [FIELD_3] [FIELD_4]
Policy Number: [POL_NO]

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.

I understand my decreased Coverage Amounts will be effective [EFFDT].

Signature of Policy Owner

Date

**Please return this form in the envelope provided and
postmarked no later than 30 days from the date of this letter.**

.

If you have any questions regarding your options, please call 1 (888) 555-1234.

Please make sure address
shows through the envelope
window.

The Cincinnati Life Long-Term Care Program
P.O. BOX 64904
ST. PAUL, MN 55164

The Cincinnati Life Insurance Company
LONG TERM CARE
Form LTC-100
Option 3
PAID-UP STATUS ELECTION
FORM

To convert your coverage to a paid-up status with a reduced coverage amount of you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 120 days from the date of this letter.

Nursing Home Care Maximum Daily Amount:	[\$NHMDB]
Assisted Living Facility Care Maximum Daily Amount:	[\$ALFMDDB]
Home Health Care Maximum Daily Amount:	[\$HHCMDDB]
Decreased Total Coverage Amount:	[\$POOL]
Premium:	\$0

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

If you have any questions regarding your options, please call 1 (888) 555-1234

Insured: [FIELD_2] [FIELD_3] [FIELD_4]
Policy Number: [POL_NO]

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above.

I understand my decreased Total Coverage Amount will be effective [EFFDT].

Signature of Policy Owner

Date

**Please return this form in the envelope provided and
postmarked no later than 120 days from the date of this letter.**

Please make sure address
shows through the envelope
window.

The Cincinnati Life Long-Term Care Program
P.O. BOX 64904
ST. PAUL, MN 55164

Application Form Number: 00000
April 1, 2023
John Alan Doe
4321 Main Street
Apt 123
Anytown, Anystate, 99999-9999

RE: Long-Term Care Insurance Plan
Policy Number: ABC1234567

Dear John Doe:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that The Cincinnati Life Insurance Company is implementing a premium rate increase for your long-term care insurance policy. The amount of the premium increase, as well as your options, are fully explained in this letter.

Feature			Current Annual Premium	New Annual Premium
Rate Increase at 25%	Effective Date	6/30/2023	\$1,000.00	\$1,250.00

It is important to know that all insurance companies regularly review their claims experience and make rate adjustments as allowed in the policies. Based on its review, Cincinnati Life has determined that an increase in the renewal premium rate for your policy type is necessary.

The Virginia State Corporation Commission has reviewed the rate increase request. The request was found to be compliant with Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection. These may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium change is based on the experience of all policies in your class. The premium change has nothing to do with your current age, health status, claims history, or any personal factors. Premiums are increasing because people are living longer than expected and are keeping their policies for a longer time. This is resulting in higher-than-expected claim costs.

The company will continue to monitor experience. Future rate increases may be necessary if experience continues to emerge worse than expected. In the event of future rate increases, similar options to those listed in this letter may be available. Future rate increases will not be implemented until the request has been filed with the Virginia State Corporation Commission and has been determined to be compliant with applicable Virginia laws and regulations. The policyholder has a right to a revised premium rate if the premium rate is changed.

What are My Options?

We understand how important your long-term care coverage is to you and that you may not be willing or able to pay the higher premium. Therefore, we are offering coverage options to help keep your premium at or near the current level. Please review your existing coverage and the new premium and consider if you may want to adjust your coverage to reduce your overall premium. When making your decision, please note that your policy may be subject to rate increases in the future.

What are my Options?

Your options and the action you must take to select one of them are explained below.

The effective date of your selected option is 6/30/2023.

PLEASE NOTE THAT ALL OPTIONS AVAILABLE MAY NOT BE OF EQUAL VALUE.

Option 1: Your premium automatically increases and your coverage amounts continue as reflected under Option 1 in the benefits chart on the following page. This option is automatic. It does not require any action on your part.

Your premium will automatically increase by 25% at the next policy anniversary, if no action is taken. Your annual premium will be adjusted to \$1,250.00 beginning 6/30/2023. If you pay premiums through electronic fund transfer, your premiums will be adjusted automatically to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your billing.

Feature	Current	New
Annual Premium	\$1,000.00	\$1,250.00

Option 2: You may take a one-time decrease to your coverage amounts and your current premium remains the same as reflected under Option 2 in the chart below.

To select this option, please sign, date, and return the enclosed “*Coverage Decrease Election Form*” in the envelope provided and postmarked no later than **45 days** from the date of this letter. If you do not sign, date and return the enclosed form within 45 days, and you do not elect Option 3, your premium will automatically increase on 6/30/2023.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of a) the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits; or b) 30 times the Nursing Home Care Daily Maximum. Please note that this option limits the amount of future benefits you are eligible to receive.

To select this option, please complete and return the enclosed “*Paid-Up Status Election Form*” in the enclosed envelope and postmarked no later than 120 days from the date of this letter.

Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Care Daily Maximum	\$150.00	\$150.00	\$120.00	\$150.00
Assisted Living Facility Care Daily Maximum	\$150.00	\$150.00	\$120.00	\$150.00
Home Health Care Daily Maximum	\$150.00	\$150.00	\$120.00	\$150.00
Total Coverage Amount	730 days	730 days	730 days	\$15,000.00
Annual Premium	\$1,000.00	\$1,250.00	\$1,000.00	\$0

NOTE: Your premium will automatically increase effective 6/30/2023, if you do not return either of the enclosed election forms.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

We realize that this offer is complicated and encourage you to call our special toll-free number (800) 921-9371 and speak to our customer service representatives. They are available Monday through Friday, 8 a.m. to 6 p.m. Eastern Time. You may also email us at Cincilifeltc@ltcg.com. We thank you for your business and we look forward to serving you for many years.

Sincerely,

A handwritten signature in black ink, appearing to read "Jody Ross". The signature is fluid and cursive, with the first name "Jody" and the last name "Ross" clearly distinguishable.

Administrator
The Cincinnati Life Insurance Company

Enclosure:

Coverage Decrease Election Form
Paid-Up Status Election Form
Return Envelope
Address Change Form



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

March 7, 2022

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated February 3, 2022. Your letter indicated you would like additional information. Specifically, you stated:

1) Applies To: Proposed Rates (Rate)

- 1) *The revised rate sheets include proposed rates for policy form LTC-120 which is not included in this filing. Please remove the rate sheets for form LTC-120 from this filing.*
- 2) *Please specify on the rate sheets which rates are pre-stability and which are post-stability.*

Please see the attached rate sheets excluding the rates for the LTC-120 policy forms. Please note that the rate sheets do not vary between Pre and Post Rate Stability. Please see the attached file 'Rate Sheets.pdf' with the revisions requested.

2) Applies To: L&H Actuarial Memorandum (Supporting Document)

- 1) *As this filing includes both Pre- and Post-Stability policies, please update the actuarial certification for compliance with:*

14VAC5-200-153 B 2 for post stability. If the increase is less than needed to certify for the post-stability block, refer to the requirements in the last paragraph of 14VAC5-153 B. Some of this language appears to be in Section 20, which is outside the certification. If the increase is less than needed, the certification should disclose what increase would have been needed to certify the filing and date that the filing satisfies all other requirements in this section.

14VAC5-130-70 B 14 pre stability (regarding premiums being reasonable in relation to the benefits provided). This had been added in a previous version of the actuarial memorandum but is not in the current version.

Please see Section 22 of the actuarial memorandum, 'CLIC VA Actuarial Memorandum_Revised.pdf' for revised language regarding compliance with the above VA regulations.

- 2) *Please include in the actuarial memorandum a statement for compliance with 14VAC5-200-153 B 3 d. This had been added in a previous version but is not in the current version.*

Please see Section 14 of the actuarial memorandum, 'CLIC VA Actuarial Memorandum_Revised.pdf' for language regarding compliance with the above VA regulation.

- 3) *In conjunction with submission of the most recent Actuarial Memorandum, Exhibits I-VI, which were used during actuarial review of this filing, were deleted. Please reattach the following exhibits:*

- i. Objection 20201117 – Exhibit V & VI.xlsx*
- ii. Objection 20201229 – Exhibit I.xlsx*
- iii. Objection 20201229 – Exhibit III & IV.xlsx*
- iv. Objection 20201117 – Exhibit II.xlsx*

Please see the attached exhibits with the same name as i-iv, above.

3) Applies To: Long Term Care Insurance Rate Request Summary (Supporting Document)

Please make the following revisions to the Rate Request Summary:

- 1) Include the full licensed company name ("The" Cincinnati Life Insurance Company)*
- 2) Complete the SERFF tracking number field.*
- 3) Include all applicable form numbers.*
- 4) Include the product name, if applicable.*
- 5) Complete the outlook for future rate increase field.*
- 6) Attach as page 2 the narrative which had been included in the previous version of the document.*

Please see the attached pdf with revisions for items 1-6 above:
'ltcratereq_sum_20220203.pdf'

February 24, 2021
Page 2 of 2

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Ulery", is positioned above the printed name.

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

March 30, 2022

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated February 16, 2022. Your letter indicated you would like additional information. Specifically, you stated:

Objection 1

- Certification of Compliance/Readability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)
- Policyholder Notification Letter, LTC-100-VA (Form)

- 1) Please attach the revised Policy Holder Notification letter to the Form Schedule tab and include the readability score.

The revised policyholder notification letter has been attached to the Form Schedule tab with the readability score included. "Policy Holder Notification Letter w single Round of RI.pdf"

- 2) We note that the readability certification indicates a score of 43.8. 14VAC5-101-70 F specifies a minimum of 50. Please revise the letter for compliance. In addition, please indicate on the certification which document(s) it applies to.

Please see the attached revised policyholder notification letter 'Policyholder Notification Letter w single Round of RI.pdf' that contains a readability score of 50.2. The letter for compliance 'Certification of Compliance.pdf' has also been updated to reflect the new readability score.

- 3) In supporting Documentation, under the heading CLIC Response to Obj 20210706, the company included a Coverage Decrease Election Form and Paid-Up Status Election Form. All items which will be included in a policyholder notification package should be included under the form schedule, unless they have previously been reviewed by the Bureau. If these items have not previously been submitted to the Bureau, please attach the documents under the form schedule and include a unique form identifying number for each document. Please provide the SERFF # for any forms which have been previously reviewed by the Bureau. All variable items must be defined in a Statement of Variability.

March 30, 2022

Page 2 of 2

The Coverage Decrease Election Form and Paid-Up Status Election Form have been included under the form schedule tab. See files "Objection 20210706 – Paid-Up Status Election Form.pdf" and "Objection 20210706 – Coverage Decrease Election Form.pdf"

- 4) *We note that the address change reminder section found within the policyholder notification letter is designed to be removed from the letter and returned to the Company. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. While this form can be included in the policyholder notification package, it should be attached under the form schedule with a separate identifying form number.*

Please see the attached file 'Policy Letter Address Change Attachment.pdf.' It has been attached to the form schedule with a separate identifying form number: LTC-100-VA1.

Objection 2

- Statement of Variability (Supporting Document)

- Policy Holder Notification Letter (Supporting Document)

- 1) *Variable items in the letter should match the variable item defined in the SOV exactly. There are numerous places where the variable wording does not match. For instance, the variable terms EFFDT1 and \$RIPREM1 in the Feature chart on page 1 are included as EFFDT and \$RIPREM in the SOV. Please confirm that the variable terms in the letter and the SOV match exactly.*

Please see the revised statement of variability ('Statement of Variability rev.pdf') attached with the variable terms that match the policyholder letter.

- 2) *Please explain the purpose of the Application Form Number. How does this differ from the Policy Number?*

The Application Form Number is the form number of the policy to which it applies. (e.g. LTC-100 or LTC-120).

- 3) *The term [Date] should be clearly defined in the SOV. Policyholders are required to receive notification of an increase at least 75 days prior to the date of the increase (14VAC5-200-75 D). How will the company ensure compliance with this provision?*

Please see the revised statement of variability ('Statement of Variability.pdf') that includes a revised description for the [Date] term that includes language that the date has yet to be determined but will be at least 75 days prior to the implementation of the increase to be in compliance with 14VAC5-200-75 D.

- 4) *Please define each variable term [Field_2] through [Field_10] in the SOV. The SOV explanation components of the address line does not explain what each term refers to. These items appear to be defined on page 2 of the SOV, however, for compliance with 14VAC5-101-80 D, each explanation of variability shall appear in the same order that it appears on the form.*

Please see the attached statement of variability ('Statement of Variability rev.pdf') that includes [Field_2] through [Field_10] separately with the corresponding definitions.

- 5) *Page 1, Paragraph 1, 1st sentence we are concerned with the phrase has authorized a premium rate increase. The increase is subject to review for compliance with Virginia laws and regulations. Therefore, please revise*

this wording to reflect that the company is implementing a premium rate increase rather than authorizing one.

- 6) *Page 1, Paragraph 1, 2nd sentence as this letter is notifying policyholders of an increase which will be implemented, please change the reference from this offer to be this letter.*
- 7) *It is the Bureaus position that policyholder notifications should be in clear, consumer friendly language which could be understood by an elderly policyholder with little to no insurance experience. Please review paragraphs 2, 3 and 4 in the letter to simplify and clarify the wording. For example, in paragraph 2, the 1st sentence could be simplified to be: It is important to know that all insurance companies periodically review their claims experience and make rate adjustments as allowed in the policies.*
- 8) *Page 1, Paragraph 2, 3rd sentence: the phrase in compliant with should be either in compliance with or compliant with.*
- 9) *Page 1, Paragraph 2, 4th sentence. Please revise the sentence to read: All premium rate fillings are available for public inspection and may be accessed online through the Virginia State Corporation Commissions webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.*
- 10) *Page 1, Paragraph 2, last sentence: please add wording explaining the impact of people living longer and keeping policies longer (for example, resulting in higher-than-expected claim costs.)*
- 11) *Page 1, Paragraph 2, last 2 sentences Due to the length of paragraph 2, the company may want to make the last 2 sentences a separate paragraph.*

[Please see the attached revised policyholder notification letter \('Policy Holder Notification Letter w single Round of RI.pdf'\)](#) with the revisions for items (5)-(11) above

Objection 3

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

Comments: Page 1, Paragraphs 3 and 4

Paragraph 3 contains some information about future rate increases. Additional information is included in paragraph 4. We find it is less fragmented and easier for a policyholder to follow if the information is included in the same section. For clarity:

- 1) *Please move the last 2 sentences in paragraph 4 to follow the first sentence in Paragraph 3 (The company will continue to monitor experience. Additional rate increases may be necessary .)*
- 2) *The last sentence in paragraph 4 and 2nd sentence in Paragraph 3: The reference to may or may not in the sentence Future rate increases may or may not come with the same alternative options to minimize the premium increase in the future is not in compliance with 14VAC5-200-75A 2. In addition, we are concerned that the reference to future rate increases being contingent upon numerous factors may be confusing for policyholders. The company may want to instead use language similar to the following suggested wording: In the event of future rate increases, similar options to those listed in this letter may be available. Future rate*

increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations.

- 3) *The last 2 sentences in Paragraph 3 are not required to be included in the letter under Virginia regulation (All policyholders affected by future rate increases ..). To simplify this section, the company may want to delete those 2 sentences.*

Please see the attached revised policyholder notification letter ('Policy Holder Notification Letter w single Round of RI.pdf') with the revisions for items (1)-(3) above.

Objection 4

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

Comments: Page 1, Paragraph 4

- 1) *For consistency with page 2, please bold the title of this section.*
- 2) *Please review this paragraph and revise as needed so that the language is clear and simple. For example, where the letter says We would like to suggest that you consider your existing coverage . it could be simplified to read: We suggest you review your existing coverage.*

Please see the attached revised policyholder notification letter ('Policy Holder Notification Letter w single Round of RI.pdf') with the revisions for items (1)-(2) above.

Objection 5

- Statement of Variability (Supporting Document)
- Policy Holder Notification Letter (Supporting Document)

Comments: Page 2, What are my options

- 1) *Please delete the 1st sentence as it is included as the first sentence in the previous paragraph.*

Please see the attached revised policyholder notification letter ('Policy Holder Notification Letter w single Round of RI.pdf') with this revision.

- 2) *The variable term for the effective date is shown as both [EFFDT1] and [EFFDT] on this page. Only EFFDT is defined in the SOV. The current premium is shown as [\$CURMODPREM] in the letter but \$CURMOPREM on the SOV. The new modal premium is shown as [\$RIMODPREM1] in the letter but \$RIMODPREM in the SOV. Please resolve these discrepancies.*

Please see the revised statement of variability ('Statement of Variability rev.pdf') as well as the revised policyholder notification letter ('Policy Holder Notification Letter w single Round of RI.pdf'). These discrepancies have been revised and the variables are now consistent between the two files.

- 3) *We note that the references to Option 2 and Option 3 are not variable. Please confirm if all policyholders will receive an option to reduce coverage and a paid-up option.*

All policyholders will be offered the option to reduce coverage and a paid-up option.

- 4) *Option 2 in this section policyholders are given 30 days from the date of the letter to return the letter, which with mail time, would give them 20-25 days to make a decision. Please explain how the company will handle change requests which are mailed after the 30-day deadline but received prior to the effective date of the rate increase.*

Coverage decreases can be processed at any time, the request to decrease will be accepted and processed appropriately. It is possible that if not received within the 30 days that an invoice for the increased premiums may be sent, resulting in an updated invoice being required post-change.

- 5) *Option 3 policyholders are given 120 days from the date of the letter to sign and return the election form for a paid up option. The Contingent Benefit Upon Lapse rider says this option may be elected anytime during the 120-day period following the due date of the premium increase. How will the company handle requests mailed after 120 days from the date of the letter but received within the 120-day period following the due date of the premium?*

Requests for CBUL will be processed according to the rider language. Depending on the timing, it is possible that the invoicing may be impacted like the above scenario.

- 6) *Please advise if company address, the customer service contact number and hours of operation fields, the email address and signature block in the letter should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.*

The notification letter template to be used for the rate increase is loaded into the admin system as provided by Actuary. Assuming this is consistent with previous rounds, it does not appear that this information is variable. I agree that it would not change, I do not have any concerns with this.

- 7) *The letter refers to an enclosed envelope. Please include the envelope under enclosures.*

Please see the revised policyholder notification letter ('Policy Holder Notification Letter w single Round of RI.pdf') that includes the return envelope under enclosures.

- 8) *Please explain the purpose of the variable items in the cc. These items have been defined as the policyholders name and address and are included at the top of the letter. What is the purpose for them to be repeated at the bottom of the letter.*

We removed these fields as these were in regards to the agent that sold the policy and not the policyholder.

- 9) *On page 2 of the SOV, items Field_13 through Agent-Zip are defined in the SOV but do not appear in the letter. Please resolve this discrepancy.*

These fields have been removed from the attached revised statement of variability ('Statement of Variability rev.pdf').

Objection 6

- Statement of Variability (Supporting Document)

- Policyholder Notification Letter, LTC-100-VA (Form)

- 1) *If an insured's premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase or at the time that they come off claim?*

How much time does a policyholder have once they come off claim to notify the company of their option selection?

The policies on waiver are excluded from the mailing. The Rate Increase would not be applied until after they came off claim. The notification would be sent when premiums are reinstated and the policyholder would be given the same amount of time, per the letter at that time.

- 2) *Please explain how a policy is updated or amended to reflect any benefit changes an insured may choose to reduce the effects of the rate increase. If the policy is revised in any way, the policyholder must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, or a revised schedule of benefits that was reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval.*

Please see the attached "Statement of Variability - Decrease Confirmation Form.pdf", "Coverage Decrease Confirmation Form Letter.pdf" and "Form LTC-100-VA Schedule.pdf"

- 3) *Please attach a copy of the previously approved Contingent Benefit Upon Lapse Rider under Supporting Documentation.*

A copy of the Contingent Benefit Upon Lapse Rider has been attached under Supporting Documentation. See file 'Form LTC-312-VA (1/02).pdf'.

- 4) *Please confirm the premium ranges included in the SOV reflect the revised 25% increase.*

Please see the attached statement of variability ('Statement of Variability rev.pdf') that has been revised to reflect the 25% rate increase.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

The Cincinnati Life Insurance Company

Long Term Care Offices
[P. O. Box 5716, Hopkins, Minnesota 55343-5716]

CONTINGENT BENEFIT UPON LAPSE

APPLICABLE ONLY IF PREMIUMS ARE INCREASED SUBSTANTIALLY

This provision describes a benefit which is available if and only if a substantial cumulative increase is made in the premiums charged for this policy and the policy lapses within 120 days of the due date of the premium so increased. If your policy also has a Nonforfeiture Benefit Rider, the coverage provided by that Rider will apply whenever the policy lapses after having been in force for at least 3 years (even if there has been no change in premium rates).

When this Benefit Applies As stated in the Declarations on page 1 of this policy, we will give you at least 60 days prior written notice of any change in the premium rates for this policy. In the event the cumulative amount of all premium increases is considered to be a substantial premium increase (as determined by the table included in this rider) we will:

- Offer to reduce policy benefits provided by the current coverage without the requirement of additional underwriting so that the required premium payments are not increased; and
- Offer to convert coverage to a paid-up status with a shortened benefit period as described below. This option may be elected at any time during the 120-day period following the due date of the premium increase.

Notice to You If a substantial premium increase occurs, we will notify you, the Policyholder, that a default or lapse at any time during the 120-day period following the due date of the premium increase will be deemed to be the election of the offer to convert as described above.

The Shortened Benefit Period Plan If you convert the coverage provided by this policy in accordance with the above provisions, the same Benefits, with the same Elimination Period and Daily Payment Maximum in effect at the time of lapse or election to convert (but not changed thereafter because you have Inflation Protection), will apply. The amount of the reduced Lifetime Payment Maximum will be the greater of:

- thirty (30) times your Daily Payment Maximum at the time of lapse; or
- 100% of the sum of all premiums paid for the policy and any attached rider, including premiums paid prior to any change in benefits.

This amount will not be reduced by any benefits payable for expenses incurred prior to the date of lapse.

In no case will the sum of the benefits paid while the policy is:

- in premium paying status; and
- in paid up status;

exceed the Lifetime Payment Maximum that would have applied if the policy had remained in premium paying status.

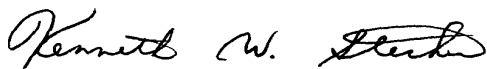
The following table determines what constitutes a substantial premium increase.

Triggers for a Substantial Premium Increase

Issue Age	%Increase Over Initial Premium	Issue Age	%Increase Over Initial Premium	Issue Age	% Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

This provision forms a part of the policy to which it is attached.

Signed for The Cincinnati Life Insurance Company.



Secretary



President



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

May 4, 2022

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated April 6, 2022. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: The updated Actuarial memorandum submitted 3/7/22 is missing exhibits A1, A2 and A3 which are the loss ratio exhibits with the proposed 25% increase. Please provide these exhibits.

[Please see the attached file with exhibits A1, A2, and A3: 'LLR Exhibit - 25PctRI w RS Split.pdf'](#)

Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The form numbers on the Rate Request Summary (RRS) should match the approved form numbers. Please include the full form numbers on the RRS. For example: LTC-100-VA (4/99) rather than LTC-100.

[Please see the attached Rate Request Summary \(RRS\) that has been updated to include the full form numbers.](#)

We look forward to hearing from you.

Sincerely,

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

SCHEDULE

THE CINCINNATI LIFE INSURANCE COMPANY

Policy Number: [ABC1234567]

Policy Effective Date: [April 1, 1999]

Name and Address of Policyholder:

Insured Spouse: [Mary Jane Doe][None]

[John Alan Doe]

[4321 Main Street]

[Anytown, Anystate, US 99999]

POLICY COVERAGES

Privileged Care Coordination Services.....	Included
Home Care Benefit	Included
Caregiver Training Benefit	Included
Equipment Benefit	Included
Supplementary Benefit.....	Included
Long Term Care Facility Benefit.....	Included
Bed Reservation Benefit	Included
Survivorship Benefit.....	Included
Waiver of Premium.....	Included

COVERAGE LIMITS

Elimination Period*	[50] [100] DAYS
Daily Payment Maximum*	[\$100.00]
Lifetime Payment Maximum	[\$146,000.00]

* These limits do not always apply – refer to the Benefit Provisions for details.

INFLATION PROTECTION

[NO BENEFIT INCREASES]

[EQUAL 5% BENEFIT INCREASES - The Daily and Lifetime Payment Maximum amounts will each increase on every anniversary of the Effective Date of this policy. Annual increases will apply to benefits payable for any expenses incurred on or after the date of the increase. Each increase will be equal to 5% of the original amounts.]

[COMPOUND 5% BENEFIT INCREASES - The Daily and Lifetime Payment Maximum amounts will each increase on every anniversary of the Effective Date of this policy. Annual increases will apply to benefits payable for any expenses incurred on or after the date of the increase. The first increase will be equal to 5% of the original amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior increase.]

[OPTIONAL BENEFIT RIDERS]

[RESTORATION OF BENEFITS Effective with the Policy]

[NONFORFEITURE BENEFIT Effective with the Policy]

See the next page for Premium Information.

SCHEDULE (Continued)

THE CINCINNATI LIFE INSURANCE COMPANY

Policy Number: [ABC1234567]

Name of Policyholder: [John Alan Doe]

PREMIUM INFORMATION

RATE CLASSIFICATION: Policyholder -[Standard]/[Preferred] [with Spousal Discount]
[Insured Spouse -[Standard]/[Preferred] [with Spousal Discount]]

ANNUAL PREMIUMS: Basic Policy Coverage [\$xx.xx]
Inflation Protection [\$xx.xx]
[Optional Rider(s)]
• [Restoration of Benefits \$xx.xx]
• [Nonforfeiture Benefit \$xx.xx]
Annual Total [\$xx.xx]

FIRST PREMIUM
[\$aaa.aa]

PREMIUM PAYMENT MODE
[Quarterly]

MODAL PREMIUM
[\$bbb.bb]



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000

[DATE]

[LIFE_FNAME] [LIFE_MNAME] [LIFE_LNAME]
[LIFE_ADDRESS1]
[LIFE_ADDRESS2]
[LIFE_CITY] [LIFE_STATE] [LIFE_ZIP]

RE: Long-Term Care Insurance Plan
Policy # [policy_no]

Dear [LIFE_FNAME] [LIFE_LNAME]:

We have approved your request for a change in coverage. Your new coverage is effective as of [policy_coverage_effective_dt] and your new premium is [policy_bill_prem] [billacct_freq_desc] Your premium for this reduced coverage is based on your original issue age.

Enclosed you will find your new Schedule of Benefits which reflects the changes in your coverage. Please replace your current schedule with the enclosed so that your records are current.

If you have any questions about your long-term care coverage, please call us toll-free at 1 (800) 921-9371. Our Customer Service Representatives are available Monday through Friday, 8 a.m. to 6 p.m. Eastern Time.

Sincerely,

Administrator
The Cincinnati Life Insurance Company

Enclosure(s)



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

August 17, 2022

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated July 19, 2022. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

Applies To:

- *Form LTC-100-VA-3 (4/991, Other, Coverage Decrease Confirmation Form Letter (Form).*
- *Form LTC-100-VA (4/99), Schedule Pages, Schedule (Form)*

Comments:

- 1) In the response to objection 1 submitted 6/6/2022 the company indicated the Schedule was filed as a paper filing and approved 11/10/99. Since this form has previously been approved, please move it from the Form Schedule to Supporting Documentation. Please also attach a copy of the SOV which applies to this form.

[The Schedule has been moved from the Form Schedule tab to the Supporting Documentation tab. Please see the associated SOV, 'Obj 1.1 - Statement of Variability_Schedule.pdf', attached.](#)

- 2) In the response to objection 2 submitted 6/6/2022 the company indicated the Coverage Decrease Confirmation Form Letter would not become part of the policy and therefore would be moved to supporting documentation, however the document is still included under the Form Schedule tab. Please move it to Supporting Documentation.

[The Coverage Decrease Confirmation Form Letter has been moved to the Supporting Documentation tab.](#)

- 3) If there are any other forms which will be used to amend a policy when an insured chooses to reduce their benefit level, please include copies under Supporting Documentation and provide the date and filing number when the document was approved.

[No further forms will be used to amend a policy when an insured chooses to reduce their benefit level.](#)

Objection 2

Applies To:

- LTC-100-1 (4/99T Other. Paid-Up Status Election Form (Form)
- Statement of Variability (Supporting Document)

Comments:

- 1) Please remove the wording "but excluding any waived premiums" from the Range section for \$POOL as previously addressed in Objection 3, #6, in the Objection Letter sent 6/6/2022.
- 2) Please define the variable item [EFFDT] in the SOV.

Please see the attached statement of variability 'Obj 2 - Statement of Variability_Paid-Up Status Election Form.pdf.' For reference, we have reattached the Paid-Up Status Election form 'Obj 2 - Paid-Up Status Election Form_Revised.pdf.'

Objection 3

Applies To:

- Statement of Variability (Supporting Document)

Comments: SOVs are included for "Decrease Confirmation Form" and "Decrease Confirmation Letter". They are very similar.

- 1) Please clarify which documents these apply to. There is one document named "Coverage Decrease Confirmation Form Letter."

Please see the attached form and corresponding SoV below:

Form	SoV
Obj 3.1 - Coverage Decrease Confirmation Letter.pdf	Obj 3.1 - Statement of Variability - Decrease Confirmation Form Letter.pdf
Obj 4 - Coverage Decrease Election Form.pdf	Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf

- 2) Both these SOVs appear to include variable references which refer to groups. Please explain as this is an individual rate filing.

The variable 'grp_program' refers to the department that the signatory administrator is part of within the company. It does not refer to any group coverage.

Objection 4

Applies To:

- LTC-100-2 (4/991. Other. Coverage Decrease Election Form (Form)

Comments: Several of the revisions indicated in the response to Objection 6 submitted 6/6/22 do not appear to have been made:

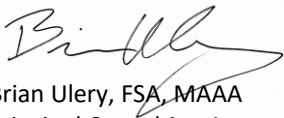
- 1) Please revise the form number to match the number in the Form Schedule - LTC-100-2 (4/99) rather than LTC-100-2 4/99).
- 2) Please attach an SOV for this form under Supporting Documentation.
- 3) The phone number included on the form is a nonworking number. Please revise.

August 17, 2022
Page 2 of 2

Please see the attached revised Coverage Decrease Election Form with the working telephone number and revised form number, 'Obj 4 - Coverage Decrease Election Form.pdf.' Please see the associated SoV, 'Obj 4 - Statement of Variability - Coverage Decrease Election Form.pdf'

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Ulery", is positioned above the printed name.

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

October 7, 2022

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated September 19, 2022. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

Applies to:

- LTC-100-1 (4/99), Other, Paid-Up Status Election Form (Form)
- Statement of Variability (Supporting Document)

Comments:

- 1) The Statement of variability for the Paid Up Status Election Form defines the variability for the term "\$POOL" as the greater of total cumulative premiums paid since inception prior to any changes in benefits or 30 times the Nursing Home Care Daily Maximum. The reference to premiums paid prior to any changes in benefits is inconsistent with the wording in the CBUL document, From LTC-312-VA (1/02), where it says "100% of all premiums paid for the policy and any attached rider, including premium paid prior to any change in benefits". It is also inconsistent with the * definition on the Paid-Up Status Election Form. Please explain or remove the reference to "prior to any changes in benefits".

[Please see the revised Statement of Variability for the Paid-Up Status Election form 'Obj 1.1. - Statement of Variability_Paid-Up Status Election Form.pdf' that removes the incorrect reference to "prior to any changes in benefits."](#)

Objection 2

Applies to:

- LTC-100-VA, Other, Policyholder Notification letter (Form)
- Statement of Variability (Supporting Document)

Comments:

- 1) The new modal premium appears to be referenced in the letter as [\$RIMODPREM] in the verbiage, and [\$RIMODPREM1] in the chart. Only [\$RIMODPREM1] is defined in the SOV. Please revise the letter and SOV as needed so that the variable wording for the new modal premium is consistent.

[Please see the revised Policyholder Notification letter 'Obj 2.1 - Policy Holder Notification Letter w single Round of RI_revised.pdf'](#)

October 7, 2022

Page 2 of 2

Objection 3

Applies to:

- LTC-100—2 (4/99), Other Coverage Decrease Election Form (Form)
- Statement of Variability (Supporting Document)

Comments:

- 1) The 2nd item on the SOV indicates SDGALFMDDB. Should this be \$DGALFMDDB?
- 2) The SOV includes definitions for LIFE_ADDRESS2, LIFE_CITY, LIFE_SATES, and LIFE_ZIP, but those terms do not appear in the form. Please resolve this discrepancy.
- 3) Please define the variable term [POL_NO] in the SOV.

[Please see the revised Statement of Variability 'Obj 3.1-3.3 - Statement of Variability_Coverage Decrease Election Form.pdf' that addresses items \(1\) – \(3\) above.](#)

- 4) We note that the type for the variable Premium/Premium Mode amount appears to be smaller than the other type on the page. Please confirm the type meets the minimum 10 pt. standard.

[Please see the revised Coverage Decrease Election Form 'Obj 3.4 - Coverage Decrease Election Form.pdf' that fixes the Premium/Premium Mode to be 10pt font.](#)

Objection 4

Applies to:

- Coverage Decrease Confirmation Form Letter (Supporting Document)

Comments:

We note some inconsistencies between the variability in the Coverage Decrease Confirmation document and the variability in the policyholder notification letter. Please address the following:

- 1) Under the signature box, the Coverage Decrease Confirmation document includes the variable [grp_program]. The signature box itself is not variable. The corresponding item on the policyholder notification letter (The Cincinnati Life Insurance Company) is not a variable. Please revise for consistency between the 2 documents and adjust the SOV as needed.
- 2) The agent's name and address information in the "cc:" was removed from the policyholder notification letter. This document still includes that information. We would expect the inclusion or exclusion of an agent's name and address to be consistent between documents. Please explain why this document includes variability for the agent information while the letter does not.

[Please see the attached revised Coverage Decrease Confirmation Letter 'Obj 4.1-4.2 - Coverage Decrease Confirmation Letter.pdf' that replaces the \[grp_program\] with 'The Cincinnati Life Insurance Company' and removes the agent information to be consistent with the Policyholder Notification Letter.](#)

[We have also attached an updated Statement of Variability 'Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf'](#)

Objection 5

Applies to:

- Statement of Variability (Supporting Document)
- Coverage Decrease Confirmation Form Letter (Supporting Document)

Comments:

- 1) The SOV includes definitions for the variable items grp_cs_phone and grp_cs_hours. There are no corresponding variable items in the Coverage Decrease Confirmation document. Please resolve this discrepancy.

The SOV no longer includes the variable items [grp_cs_phone] and [grp_cs_hours].

Objection 6

Applies to:

- LTC-100-VA, Other, Policyholder Notification Letter (Form)
- LTC-100-VA-1, Other, Policy Letter Address Change (Form)
- LTC-100-2 (4/99), Other, Coverage Decrease Election Form (Form)
- LTC-100-1 (4/99), Other, Paid-Up Status Election Form (Form)

Comments:

- 1) Please attached John Doe versions of the forms under Supporting Documentation sufficiently completed to illustrate how they are intended to be used in conjunction with this filing.

Please see the attached files:

- [Obj 6 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf](#)
- [Obj 6 - Form LTC100 VA1_JohnDoe.pdf](#)
- [Obj 6 - Coverage Decrease Election Form_John Doe.pdf](#)
- [Obj 6 - Paid-Up Status Election Form_John Doe.pdf](#)

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000

Address Change Reminder:

If your address has changed, please indicate your correct address below and return this page to the address provided:

Name: _____ Policy Number: _____

Street/P. O. Box _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ - _____ Date: _____

Return To: The Cincinnati Life Long-Term Care Program
Administrator
P.O. BOX 64904
ST. PAUL, MN 55164

Application Form Number: 00000
October 19, 2022
John Alan Doe
4321 Main Street
Apt 123
Anytown, Anystate, 99999-9999

RE: Long-Term Care Insurance Plan
Policy Number: ABC1234567

Dear John Doe:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that The Cincinnati Life Insurance Company is implementing a premium rate increase for your long-term care insurance policy. The amount of the premium increase, as well as your options, are fully explained in this letter.

Feature			Current Annual Premium	New Annual Premium
Rate Increase at 25%	Effective Date	6/30/2023	\$1,000.00	\$1,250.00

It is important to know that all insurance companies regularly review their claims experience and make rate adjustments as allowed in the policies. Based on its review, Cincinnati Life has determined that an increase in the renewal premium rate for your policy type is necessary.

The Virginia State Corporation Commission has reviewed the rate increase request. The request was found to be compliant with Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection. These may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium change is based on the experience of all policies in your class. The premium change has nothing to do with your current age, health status, claims history, or any personal factors. Premiums are increasing because people are living longer than expected and are keeping their policies for a longer time. This is resulting in higher-than-expected claim costs.

The company will continue to monitor experience. Future rate increases may be necessary if experience continues to emerge worse than expected. In the event of future rate increases, similar options to those listed in this letter may be available. Future rate increases will not be implemented until the request has been filed with the Virginia State Corporation Commission and has been determined to be compliant with applicable Virginia laws and regulations. The policyholder has a right to a revised premium rate if the premium rate is changed.

What are My Options?

We understand how important your long-term care coverage is to you and that you may not be willing or able to pay the higher premium. Therefore, we are offering coverage options to help keep your premium at or near the current level. Please review your existing coverage and the new premium and consider if you may want to adjust your coverage to reduce your overall premium. When making your decision, please note that your policy may be subject to rate increases in the future.

What are my Options?

Your options and the action you must take to select one of them are explained below.

The effective date of your selected option is 6/30/2023.

PLEASE NOTE THAT ALL OPTIONS AVAILABLE MAY NOT BE OF EQUAL VALUE.

Option 1: Your premium automatically increases and your coverage amounts continue as reflected under Option 1 in the benefits chart on the following page. This option is automatic. It does not require any action on your part.

Your premium will automatically increase by 25% at the next policy anniversary, if no action is taken. Your annual premium will be adjusted to \$1,250.00 beginning 6/30/2023. If you pay premiums through electronic fund transfer, your premiums will be adjusted automatically to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your billing.

Feature	Current	New
Annual Premium	\$1,000.00	\$1,250.00

Option 2: You may take a one-time decrease to your coverage amounts and your current premium remains the same as reflected under Option 2 in the chart below.

To select this option, please sign, date, and return the enclosed “*Coverage Decrease Election Form*” in the envelope provided no later than **30 days** from the date of this letter. If you do not sign, date and return the enclosed form within 30 days, and you do not elect Option 3, your premium will automatically increase on 6/30/2023.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of a) the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits; or b) 30 times the Nursing Home Care Daily Maximum. Please note that this option limits the amount of future benefits you are eligible to receive.

To select this option, please complete and return the enclosed “*Paid-Up Status Election Form*” in the enclosed envelope no later than 120 days from the date of this letter.

Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Care Daily Maximum	\$150.00	\$150.00	\$120.00	\$150.00
Assisted Living Facility Care Daily Maximum	\$150.00	\$150.00	\$120.00	\$150.00
Home Health Care Daily Maximum	\$150.00	\$150.00	\$120.00	\$150.00
Total Coverage Amount	730 days	730 days	730 days	\$15,000.00
Annual Premium	\$1,000.00	\$1,250.00	\$1,000.00	\$0

NOTE: Your premium will automatically increase effective 6/30/2023, if you do not return either of the enclosed election forms.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

We realize that this offer is complicated and encourage you to call our special toll-free number (800) 921-9371 and speak to our customer service representatives. They are available Monday through Friday, 8 a.m. to 6 p.m. Eastern Time. You may also email us at Cincilifeltc@ltcg.com. We thank you for your business and we look forward to serving you for many years.

Sincerely,

A handwritten signature in black ink, appearing to read "Jody Ross". The signature is fluid and cursive, with the first name "Jody" and the last name "Ross" clearly distinguishable.

Administrator
The Cincinnati Life Insurance Company

Enclosure:

Coverage Decrease Election Form
Paid-Up Status Election Form
Return Envelope

The Cincinnati Life Insurance Company
LONG-TERM CARE
Form LTC-100
Option 2
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 45 days from the date of this form.

NOTE: If you do not select Option 2 within 45 days or Option 3 within 120 days from the date of this form you will automatically receive Option 1. In that case your next premium invoice will reflect the increased premium.

Decreased Nursing Home Care Maximum Daily Amount:	\$120.00
Decreased Assisted Living Facility Care Maximum Daily Amount:	\$120.00
Decreased Home Health Care Maximum Daily Amount:	\$120.00
Total Coverage Amount:	730 days
Premium/Premium Mode:	\$1,000.00

Insured: John Alan Doe
Policy Number: ABC1234567

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.

I understand my decreased Coverage Amounts will be effective 6/30/2023.

Signature of Policy Owner

Date

**Please return this form in the envelope provided and
postmarked no later than 45 days from the date of this form.**

-

If you have any questions regarding your options, please call 1 (800) 921-9371.

Please make sure address
shows through the envelope
window.

The Cincinnati Life Long-Term Care Program
P.O. BOX 64904
ST. PAUL, MN 55164

**The Cincinnati Life Insurance Company
LONG TERM CARE
Form LTC-100
Option 3
PAID-UP STATUS ELECTION
FORM**

To convert your coverage to a paid-up status with a reduced coverage amount of you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 120 days from the date of this form.

Nursing Home Care Maximum Daily Amount:	\$150.00
Assisted Living Facility Care Maximum Daily Amount:	\$150.00
Home Health Care Maximum Daily Amount:	\$150.00
Decreased Total Coverage Amount*:	\$15,000.00
Premium:	\$0

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

If you have any questions regarding your options, please call 1 (800) 921-9371

Insured: John Alan Doe
Policy Number: ABC1234567

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above.

I understand my decreased Total Coverage Amount will be effective 6/30/2023.

Signature of Policy Owner

Date

Please return this form in the envelope provided and postmarked no later than 120 days from the date of this form.

Please make sure address shows through the envelope window.

The Cincinnati Life Long-Term Care Program
P.O. BOX 64904
ST. PAUL, MN 55164



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

December 20, 2022

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated November 29, 2022. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

Applies to: LTC-100-VA. Other. Policyholder Notification Letter (Form)

Comments:

Please include the Policy Letter Address Change in the listing of Enclosures (marked as variable and explained in the SOV if it will not be included with every letter).

[Please see the attached versions \(variable and John Doe\) of the Policyholder Notification Letter that includes the Address Change Form in the listing of enclosures. The form will be provided with every letter.](#)

- [Obj 1 - Policy Holder Notification Letter w single Round of RI_revised.pdf](#)
- [Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf](#)

Objection 2

Applies To: Statement of Variability (Supporting Document)

Comments:

There are 2 copies of the SOV for the Decrease Confirmation Form included in this section. Please remove the older version and include only the updated version (labeled as Obj 4.1 - 4.2)

[Please see the attached updated version of the SOV for the Decrease Confirmation Letter](#)

- [Obj 4.1-4.2 - Statement of Variability - Decrease Confirmation Letter.pdf](#)

Objection 3

Applies To: Statement of Variability (Supporting Document)

Comments:

SOV for CLIC Policyholder Notification Letter, Page 1 - the variable term DATE is defined as the date the notification letter will be sent to policyholders. Please note that for compliance with 14VAC5-200-75 D 3, the policyholder should receive the notice at least 75 days prior to the implementation of the rate increase. Please update the Range in the SOV accordingly.

December 20, 2022

Page 2 of 2

Per our response to your objection (Objection 2, Item 3) dated February 16, 2022, we revised the SoV to include language in the Range of the variable [DATE] that reads "To be determined but will be at least 75 days prior to the date of increase to be in compliance with 14VAC5-200-75 D."

Please see the attached statement of variability:

- [Statement of Variability rev.pdf](#)

Objection 4

Applies To: Statement of Variability (Supporting Document)

Comments:

RE: The SOV for the Policy Holder Notification Letter

Please remove the wording "but excluding any waived premiums" from the Range section for \$POOL. The wording "but excluding any waived premiums" is not found in 14VAC5-200-185 E.3, nor is it found in the CBUL rider.

Please see the attached statement of variability that removes the wording "but excluding any waived premiums" from the variable [\$POOL].

- [Statement of Variability rev.pdf](#)

Objection 5

Applies To: LTC-100-VA. Other. Policyholder Notification Letter (Form)
LTC-100-2 (4/99), Other, Coverage Decrease election form (Form)
LTC-100-2 (4/99), Other, Paid-Up Status election Form (Form)

Comments:

We would like some clarification about the response deadlines for Options 2 and 3. Currently the Policyholder Notification letter includes 2 response deadlines:

- 30 days from the date of the letter for Option 2 (reducing coverage)
- 120 days from the date of the letter for Option 3 (electing the paid up option)

The letter does not explain the purpose of the deadlines or how the company will handle requests received after the deadline.

In the objection response letter submitted 3/31/22 (Objection 5, parts 4) the company indicated that, while policyholders can reduce their coverage level at any time, the 30 days from the date of the letter deadline for option 2 was included so that the billing invoice would be correct. A similar response was made in part 5 regarding the 120 days from the date of the letter deadline for option 3.

The company also indicated that all PH's will be offered a CBUL and that it will be administered in accordance with the rider. The rider indicates that the offer can be selected at any time during the 120-day period following the due date of the premium increase.

Please clarify the following:

- 1) If the purpose of both of the due dates is so that the renewal billing will be correct, please explain why there are 2 different deadlines for the options.
- 2) For clarity for the insureds, please include an explanation of the deadlines in the PH notification letter.

a. For example, the wording for Option 2 could indicate that while their coverage level can be reduced at any time, the form should be returned no later than 30 days from the date of the letter so that the renewal billing invoice will be correct.

b. For Option 3, the wording should indicate that this option can be selected up to 120-days following the due date of the premium increase, but the form should be returned no later than XXX for the coverage to be updated by the renewal date.

3) Similar explanations can be included on the election forms.

If the policyholder does not do anything within 30 days then it is assumed that they will be selecting option 1.

Option 2 is modifying coverage while the policy remains active. The policyholder must elect this option within 30 days to receive the one-time benefit reduction in lieu of increase to the premium amount.

The policyholder has 120 days to elect Option 3 because in the event the policyholder does not pay the increased premium within 120 days of the premium rate increase, regardless of election, the policy will automatically go CBUL and the reduced LTM benefit would become available.

Please note that at the bottom of page 2 of the policyholder notification letter, it is described that if the policyholder were not to pay the premiums/ lapse the policy after the rate increase then the policy becomes reduced paid-up.: "However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3." So we did not make any changes to the language of the letter.

Objection 6

Applies To: John Doe versions of forms - Obi 6 (Supporting Document)

Comments:

Re: John Doe

The purpose of the John Doe policyholder notification package is to demonstrate how the letters will be used in conjunction with this filing. The John Doe letter shows a mailing date of October 19, 2022 and an effective date of the increase of 6/30/2023. The letter indicates the election form for Option 2 must be returned no later than 30 days from the date of the letter (11/18/22) and the form for Option 3 must be returned no later than 120 days from the date of the letter (2/16/2023).

Please explain the following:

- 1) The 8-month difference between the mailing date and the effective date in this example.
- 2) Why would the deadline to request to reduce benefits be over 7 months prior to the effective date?
- 3) Why is the deadline to request the paid up policy 4.5 months prior to the effective date?
- 4) In this example, please explain the purpose of the different response dates for the 2 options.

October 19, 2022 was the due date of the above objection and was chosen as an arbitrary date for the purposes of example. The John Doe version of the notification letter has been updated to reflect a more realistic date of the letter. Please see this notification letter attached.

- [Obj 1 - Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf](#)

Objection 7

Applies To: L&H Actuarial Memorandum (Supporting Document)

Comments:

Please update the actuarial certification in Section 22 as follows:

- 1) Regarding the post stability block, the company has indicated the premium rate increase which would be needed to make the certification required in 14VAC5-200-153 B.2. Please also specify that the premium rate filing is in compliance with all other requirements of this section.
- 2) Please note that the certification requirement regarding the premiums being reasonable in relation to benefits in 14VAC5-130-70 applies to the pre-stability block. The certification references the business under the 58/85 loss ratio threshold, which is the post-stability block. Please revise accordingly.

Please see the revised Actuarial Memorandum attached:
[CLIC VA Actuarial Memorandum_Revised.pdf](#)

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

January 26, 2023

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated December 28, 2022. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

Applies to: Statement of Variability (Supporting Document)

Comments:

It does not appear that the SOV definition for "DATE" on page 1 was revised in the response to Objection 3 submitted 12/21/22. The wording still defines the term as "The date the notification letter will be sent to policyholders" and indicates the range is: "To be determined but will be at least 75 days prior to the date of increase to be in compliance with 14VAC5-200-75 D."

For compliance with 14VAC5-200-75 D, the policyholder must receive the notice at least 75 days prior to the implementation of the rate increase. Therefore, the statement that the letter will be sent to PH's at least 75 days prior to the date of the increase does not comply with the regulation. Please specify what steps the company will take to ensure that policyholders will receive the letter at least 75 days ahead of time. For example, mailing the letters 90 days prior to the effective date.

[The company will mail the letters at least 90 days prior to the effective date of the rate increase. Please see the revised statement of variability 'Statement of Variability.pdf' that reflects the revised language.](#)

Objection 2

Applies To: LTC-100-VA. Other. Policyholder Notification Letter (Form)

Comments:

Re: John Doe letter

1) Please move the John Doe letter to supporting documentation.

[We have moved the John Doe letter to supporting documentation.](#)

2) We continue to have concerns about the due dates for policyholders (PH's) to notify the company of their decisions. In the response to Objection 6 dated 12/20/22, the company indicated the John Doe version had been updated to reflect a more realistic date of the letter. In the updated letter, the letter date is January 1, 2023. The PH is given 30 days to respond to the letter, which means the response must be mailed by 1/31/23. Assuming 5-10 days for the PH to receive the letter, this timeline allows PH's, many of whom are elderly, only 20 - 25 days to make very significant decisions about their coverage which may involve discussing the issues with family members or other advisors. We note that this will be the first rate increase on these forms so PH's have not been through this decision-making process before. The effective date of the increase in the revised John Doe letter is 6/30/2023. Assuming the mail transit time for the PH's response would not exceed 10 days, this means the company should receive the PH request by 2/10/23, approximately 140 days (roughly 4.5 months) prior to the implementation date.

- a. Please specify how much lead time the company needs to implement a change in coverage.
- b. Please specify what happens if the PH mails the Coverage Decrease Election Form more than 30 days following the mailing date of the letter.

We have revised the policyholder notification letter to give the policyholder 45 days to respond to the letter for a coverage change to ensure that the policy holder has sufficient time to make a decision upon receipt of the letter. This timing will also give the company ample time to implement the change in coverage.

If the policyholder mails the coverage decrease election form more than 45 days following the mail date of the letter, the company will still honor the request for coverage change. However, the company is requesting 45 days in the letter to ensure enough time prior to the effective date of the rate increase to process the coverage change and adjust premium accordingly.

Please see the revised letters attached:

- [Obj 2 - Policy Holder Notification Letter w Single Round of RI_revised.pdf](#)
- [Obj 2 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf](#)

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

**THE
CINCINNATI LIFE INSURANCE COMPANY**

**Long Term Care Offices
P. O. Box 64904, St. Paul, Minnesota, 55164**

LONG TERM CARE INSURANCE POLICY

Name of Policyholder: «life_fname» «life_mname» «life_lname» **Policy Number:** «policy_no»

This policy is intended to be a tax-qualified contract under the Internal Revenue Code. SEE THE PROVISIONS ON PAGE 2

DECLARATIONS

<p>This policy has been issued by The Cincinnati Life Insurance Company. Our home office is in Fairfield, Ohio; and this policy is serviced by our Long Term Care Offices in St. Paul, Minnesota. We are pleased to issue this insurance policy to you. It has many important features. We urge you, the Policyholder, to read it carefully.</p>
--

RENEWABILITY

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE: You, the Policyholder shown above, have the right, subject to the terms of this policy, to continue it as long as you pay the required premiums on time. We cannot change any of the terms of this policy on our own, except that, in the future, we may increase the premiums.

**30-DAY RIGHT TO
EXAMINE YOUR
POLICY**

You have 30 days from the day you receive this policy to examine and return it to us if you decide not to keep it. You do not have to tell us your reason for returning the policy. Simply return it to us at our Long Term Care Offices or to the agent or office through which it was bought. We will refund the full amount of any premium paid within 30 days of such a policy return; and the policy will be void from the start.

**IMPORTANT CAUTION
ABOUT THE
APPLICATION**

This policy may not apply when you have a claim! Please Read! The issuance of this long term care insurance policy is based upon the responses to questions on the application. A copy of that application is enclosed. If an Insured Person's answers are incorrect or untrue, we have the right to deny benefits or rescind the policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of an Insured Person's answers are incorrect, contact **our Long Term Care Offices** at this address: The Cincinnati Life Insurance Company Long Term Care Offices, P. O. Box 64904, St. Paul, Minnesota, 55164.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.

NOTICE TO BUYER: This policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

This policy is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the policy was issued or issued for delivery. If you have any questions regarding the tax qualification of this product, you should direct such questions to the appropriate federal agency, or you should consult your tax advisor.

FEDERAL TAX QUALIFICATION PROVISIONS

This section describes our intent that this be a qualified contract.

Conformity with Internal Revenue Code

This policy is intended to be a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If, on its Effective Date, the policy does not comply with the requirements of the above-cited section, it will be treated as if it had been changed to comply with those requirements. Because the policy is guaranteed renewable, we will inform you in writing of any required change in the provisions of this policy; and you will be given the choice of accepting the change, or retaining the policy without that change.

TABLE OF CONTENTS

These are the major provisions of the policy in the order in which they appear.

Section Title	Page
DECLARATIONS (This describes some general rights and obligations)	1
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TABLE OF CONTENTS.....	2
SCHEDULE.....	3
GLOSSARY	4
(Here you can find the definition of terms used throughout the policy. Additional definitions are found in some of the Benefit Provisions.)	
BENEFIT PROVISIONS	6
(Here you can find a description of the specific Benefits provided by the contract and how you qualify for them.)	
EXCLUSIONS AND LIMITATIONS	14
BASIC CONTRACT PROVISIONS (Provisions discussing this contract in general)	16
CLAIMS PROVISIONS	17
(This section describes the claims process. It includes: what must be done initially; how and when to file a claim; how we evaluate a claim and pay benefits; and how to appeal a claim denial.)	
EFFECTIVE DATE AND PREMIUM PROVISIONS.....	20
(This section describes the actions to be taken to place and keep the policy in force. It includes the Waiver of Premium and Grace Period provisions. It also describes the safeguards provided against loss of coverage if premiums are not paid on time.)	
A copy of the application for this policy	Attached
Any appropriate Riders, Endorsements, Notices and other papers.....	Attached

Refer to the Schedule to determine the Benefits, Options and applicable coverage details.

GLOSSARY

This section defines words and phrases used on a general basis in the policy. Additional terms are defined in the Benefit Provisions.

Activities of Daily Living Each of the following is considered to be an Activity of Daily Living:

Bathing: Washing oneself: (a) by sponge bath; or (b) in either a tub or shower, including the task of getting into or out of the tub or shower.

Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Continence: The ability to maintain control of bowel and bladder functions; or when unable to maintain control of bowel and bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: Moving in and out of a bed, chair or wheelchair.

Daily Payment Maximum This is the greatest amount we will pay for all expenses an Insured Person incurs on any one day. Unless specifically stated in a Benefit, this limit applies to the combined total for all benefit payments provided by the policy for that person. The Daily Payment Maximum that applies on the Effective Date of the policy is shown in the Schedule. If the Schedule states that Inflation Protection applies, the Benefit Increases provision in the Schedule states how the Daily Payment Maximum will increase over time.

Elimination Period The number of days for which an Insured Person must incur expenses that qualify for benefit payments under the policy; but for which we will NOT pay benefits. Days used to satisfy the Elimination Period do not need to be consecutive, but must occur within a two-year period.

Once an Insured Person has satisfied this Elimination Period requirement, he or she will never have to satisfy a new Elimination Period for the policy. The Schedule shows the number of days in each Insured Person's Elimination Period.

Note, the Elimination Period does not apply to: Privileged Care Coordination Services; Respite Care covered under the Home Care Benefit; the Caregiver Training Benefit; the Equipment Benefit; or the Home Care Benefit when the Privileged Care Coordinator Option is used.

Family Member Your spouse and anyone who is related to you or your spouse (including adopted, in-law and step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

Insured Person	You, the Policyholder named in the Schedule, and your Insured Spouse, if any, who is also named in the Schedule or in an attached coverage rider.
Licensed Health Care Practitioner	Any of the following who is not a Family Member: a physician (as defined in section 1861(r)(1) of the Social Security Act); a registered professional nurse; a licensed social worker; or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.
Lifetime Payment Maximum	The combined total amount we will pay as benefits under this policy. This amount is shown in the Schedule. If the Schedule states that Inflation Protection applies, the Benefit Increases provision in the Schedule states how the Lifetime Payment Maximum will increase over time.
Medicaid	Title XIX of the Social Security Amendments of 1965 as then constituted or later amended which in Virginia is the program administered in accordance with Title 32.1.
Medicare	The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.
Nurse	Someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.
Policy Year	Each 12-month period beginning with the Effective Date of the policy, as shown in the Schedule.
Prevailing Expenses	Expenses, fees or charges actually incurred by an Insured Person which do not exceed the level of charges normally made for similar care, service or other items provided to persons with comparable medical conditions or impairments in the locality where they are received. An expense, fee or charge is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.
You, Your	The Policyholder named in the Schedule.
We, Us, Our	The Cincinnati Life Insurance Company.

BENEFIT PROVISIONS	
LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS	
This section describes the Benefits payable under the policy.	

BENEFIT ELIGIBILITY

Eligibility For The Payment Of Benefits: For an Insured Person to be eligible for Benefits provided by the policy we must receive ongoing proof, including a Current Eligibility Certification, which demonstrates, based on information from care providers, personal physicians and other Licensed Health Care Practitioners, that the covered care is needed due to the Insured Person continually:

- being unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; **or**
- requiring Substantial Supervision to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

**Current Eligibility
Certification Defined**

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that the Insured Person meets the above requirements.

The Claims Provisions section describes the claims evaluation process.

Additional Definitions

An **Activity of Daily Living** is one of the following: Bathing; Dressing; Eating; Continence; Toileting; and Transferring. Definitions of these activities are found in the Glossary.

Substantial Assistance means:

- "Standby Assistance" which is the presence of another person within arm's reach of the Insured Person that is necessary to prevent, by physical intervention, injury to the Insured Person while he or she is performing the Activity of Daily Living; or
- "Hands-on Assistance" which is the physical assistance of another person without which the Insured Person would be unable to perform the Activity of Daily Living.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that:

- is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
 - short-term or long-term memory;
 - orientation as to people, places or time; and
 - deductive or abstract reasoning.

Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (as may result from wandering).

Maintenance or Personal Care Services is any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the Insured Person is a chronically ill individual, including the protection from threats to health and safety due to severe cognitive impairment.

Qualified Long Term Care Services means necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services which: are required by a chronically ill individual; and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

CONDITIONS

Benefits will be paid only for expenses an Insured Person incurs for covered care that is received pursuant to his or her Plan of Care and while his or her insurance is in force.

Benefit payments are subject to: the Elimination Period requirements; the applicable Daily Payment Maximum and Lifetime Payment Maximum; and all other provisions of the policy.

**Plan of Care
Defined**

A **Plan of Care** is a written, individualized plan for care and support services for an Insured Person that:

- Has been developed as a result of an assessment and incorporates any information provided by his or her personal physician; and
- Has been prescribed by a Licensed Health Care Practitioner; and
- Fairly, accurately and appropriately addresses his or her long term care and support service needs; and
- Specifies: the type, frequency and duration of all services required to meet those needs; the providers appropriate to furnish those services; and an estimate of the cost of such services.

The Plan of Care must be updated as the Insured Person's needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make copies of the current Plan of Care available to the Insured Person's personal physician.

**PRIVILEGED CARE
COORDINATION
SERVICES**

This is an option you may choose to use.

We will pay the expenses an Insured Person incurs for Privileged Care Coordination Services furnished by a Privileged Care Coordinator. Expenses we pay for Privileged Care Coordination Services will NOT count against the policy's Lifetime Payment Maximum.

No Daily Payment Maximum or Elimination Period: The Daily Payment Maximum does not apply to payments made under this provision. This provision is not subject to, and may not be used to satisfy, any Elimination Period.

Definitions A **Privileged Care Coordinator** is a Licensed Health Care Practitioner designated by us to provide Privileged Care Coordination Services.

Privileged Care Coordination Services include, but are not limited to:

- Developing and prescribing a Plan of Care appropriate for the Insured Person's condition.
- Providing the initial and ongoing certifications required to satisfy the Current Eligibility Certification requirements.
- Suggesting a variety of formal and informal care and support service providers and possible financial resources available to meet the needs identified in the Insured Person's Plan of Care.
- Assistance with implementing an Insured Person's Plan of Care by scheduling and coordinating the care and support service providers he or she has chosen from those suggested by the Privileged Care Coordinator.
- Ongoing monitoring of the care and support services an Insured Person is receiving. This will include periodic reassessments to determine revisions to the Plan of Care that are warranted by changes in the Insured Person's care and support service needs.

HOME CARE BENEFIT

This is an option
the Insured Person
may choose to use.

Benefits of the Privileged Care Coordinator Option: The following benefits apply when an Insured Person receives care and support services exclusively in accordance with a Plan of Care developed by a Licensed Health Care Practitioner who is a Privileged Care Coordinator:

- We will pay 100% of the expenses he or she incurs for the following care and services that are consistent with that Plan of Care:
 - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
 - Home Health Aide and Personal Care Attendant Services;
 - Homemaker Services;
 - Chore Services;
 - Adult Day Care;
 - Hospice Care; and
 - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)
- Payment for the above expenses will be subject to a monthly maximum, rather than the Daily Payment Maximum, based on the number of days in the month in which payment is made.
- The policy will be eligible for monthly waiver of any premiums becoming due while an Insured Person is receiving the above care and support services.

No Elimination Period: When this option is used, we will waive the Insured Person's Elimination Period for these care and support services. In addition, each day the Insured Person incurs expenses for the above care and support services (except Respite Care) will count toward satisfying his or her Elimination Period for other benefits that are subject to an Elimination Period.

This applies when the
above option is not used.

Benefits When Any Other Plan of Care Is Used: The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner who is not a Privileged Care Coordinator:

- We will pay 100% of the Prevailing Expenses he or she incurs for:
 - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
 - Adult Day Care;
 - Hospice Care;
 - The first 21 days of Respite Care he or she receives during a Policy Year (Respite Care is not subject to, nor will it satisfy any Elimination Period.); and
- We will pay 80% of the Prevailing Expenses he or she incurs for:
 - Home Health Aide and Personal Care Attendant Services;
 - Homemaker Services; and
 - Chore Services; and
- We will not waive the Elimination Period requirement for care and support services received in accordance with that Plan of Care; and
- Payment for all expenses he or she incurs on any one day will always be subject to the Daily Payment Maximum.

Definitions **Adult Day Care** means a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

Chore Services means assistance a person provides with light work or household tasks the Insured Person would normally perform. This is limited to assistance provided when: the Insured Person is no longer capable of performing the work or tasks (because of his or her need for assistance); they are necessary to or consistent with the Insured Person's ability to remain safely at home; and an informal (unpaid) caregiver is not available. This may include such activities as: simple household repairs; taking out the garbage; and related tasks that do not require the services of a trained aide or attendant.

Home Health Aide and Personal Care Attendant Services means assistance a person provides with the following tasks when necessary to, or consistent with, the Insured Person's ability to remain safely at home: simple health care tasks; personal hygiene; performing Activities of Daily Living; managing medications; and other related supportive tasks. Providers of these services may be independent and do not need to be affiliated with a home health care agency.

Homemaker Services means assistance a person provides with activities necessary to or consistent with the Insured Person's needs to manage and maintain a household when he or she is no longer capable of managing those activities and an informal (unpaid) caregiver is not available. This may include such activities as: preparing meals; doing laundry; and doing incidental household tasks.

Hospice Care means services (not prescription drugs) that are designed to provide palliative care to an Insured Person or to alleviate the person's physical, emotional and spiritual discomforts because he or she is experiencing the last phases of life due to a terminal disease (six months or less to live).

Respite Care is short-term care provided in order to relieve an Insured Person's primary informal (unpaid) caregiver in the Insured Person's home. It can be furnished in an institution, in the Insured Person's home, or at a community-based program.

CAREGIVER TRAINING BENEFIT

We will pay the Prevailing Expenses an Insured Person incurs for training an informal (unpaid) caregiver to care for the Insured Person in his or her home. All of the following conditions apply to the payment of this Benefit.

- We will not pay for training provided to someone who will be paid to care for the Insured Person.
- The training cannot be received while the Insured Person is confined in a hospital or Long Term Care Facility, unless it is reasonably expected that the training will make it possible for the Insured Person to go home where he or she can be cared for by the person receiving the training.

No Elimination Period: This Benefit is not subject to, and may not be used to satisfy, any Elimination Period.

Limitations on Benefit Payments: The lifetime maximum total amount we will pay with respect to an Insured Person under this Caregiver Training Benefit is an amount equal to five times his or her Daily Payment Maximum. Payment under this Benefit will not count against any Daily Payment Maximum.

EQUIPMENT BENEFIT

We will pay the Prevailing Expenses an Insured Person incurs for the purchase or rental of Supportive Equipment when all of the following conditions are satisfied.

- The equipment must be intended to assist the Insured Person in living at home or in other residential housing by relieving his or her need for direct physical assistance.
- It must be reasonably expected that the equipment will enable the Insured Person to remain at home or in other residential housing for at least 90 days after the date of purchase or first rental.
- The equipment must be specified in, and consistent with, the Insured Person's Plan of Care.

Supportive Equipment is equipment, such as the following, which meets the above conditions: pumps and other devices for intravenous injection; ramps to permit movement from one level of the residence to another; grab bars to assist in toileting; and other mechanical aids. It does not include either: equipment that will, other than incidentally, increase the value of the residence in which it is installed; or artificial limbs, teeth, medical supplies, or equipment placed in the Insured Person's body, temporarily or permanently.

No Elimination Period: This Benefit is not subject to, and may not be used to satisfy, any Elimination Period.

Limitations on Benefit Payments: The lifetime maximum total amount we will pay with respect to an Insured Person under this Equipment Benefit is an amount equal to 50 times his or her Daily Payment Maximum. Payment under this Benefit will not count against any Daily Payment Maximum.

SUPPLEMENTARY BENEFIT

(For expenses not
otherwise covered;
upon approval by us.)

We will pay the Prevailing Expenses an Insured Person incurs for care, treatment, services, supplies or other items received in accordance with a Supplementary Benefit plan.

Any plan may be adopted as a **Supplementary Benefit** as long as:

- it clearly specifies the benefits to be payable;
- it provides coverage only for Qualified Long Term Care Services; and
- it is mutually agreeable to the Insured Person, his or her personal physician and us as a cost-effective alternative to benefits otherwise available under the policy.

Benefits are not payable for any expenses incurred either: prior to the date of mutual agreement; or after the Lifetime Payment Maximum has been reached. Agreement to participate in a Supplementary Benefit plan will not waive any of the rights an Insured Person or we have under the policy.

A Supplementary Benefit plan may be discontinued at any time without affecting the Insured Person's right to the benefits otherwise available under the policy.

Examples: A Supplementary Benefit plan may pay for the use of providers, facilities or supports not otherwise covered by the policy. Examples include, but are not limited to:

- In-home safety devices.
- Home delivered meals.
- Stays in other types of facilities.
- Additional equipment benefits.

LONG TERM CARE FACILITY BENEFIT
--

We will pay the expenses an Insured Person incurs for care and support services (including room and board, but not prescription drugs) provided by a Long Term Care Facility. This includes expenses that an Insured Person incurs for private duty nursing care provided in such a facility by a Nurse who is not employed by the facility. All such expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in that facility. He or she must be confined there as a resident inpatient.

**Long Term Care
Facility Defined**

An institution* (such as a nursing home, assisted care facility or Alzheimer's facility) which is licensed by the appropriate federal or state agency to engage primarily in providing care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment. It must also:

- Provide such care and services on a 24-hour-a-day basis;
- Have a trained and ready to respond employee on duty at all times to provide such care and services;
- Provide three meals a day and accommodate special dietary needs;
- Have arrangements with a duly licensed physician or Nurse to furnish medical care in case of an emergency;
- Have the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications; and
- Have accommodations for at least five resident inpatients in one location, unless it has been determined by us, based on information from our Privileged Care Coordinator, that it has the services and facilities required to appropriately address the Insured Person's needs as described in his or her Plan of Care (even with accommodations for less than five resident inpatients).

A Long Term Care Facility is NOT: a hospital or clinic; a subacute care or rehabilitation hospital or unit; a place which operates primarily for the treatment of alcoholism, drug addiction or mental illness; the Insured Person's primary place of residence in an area used principally for independent residential living (including, but not limited to, boarding homes and adult foster care facilities); or a substantially similar establishment.

- * If an institution has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a Long Term Care Facility only if it: meets all of the above criteria; is authorized by its license, to the extent that licensing is required by law, to provide such care to inpatients; and is engaged principally in providing not only room and board, but also care and services which meet all of those criteria.

BED RESERVATION BENEFIT

We will continue to pay benefits, or give Elimination Period credit, under the Long Term Care Facility Benefit for each day an Insured Person:

- is temporarily absent during a stay in the Long Term Care Facility; and
- is charged to reserve his or her accommodations in that facility.

We will do this for a total of not more than the first 21 days per person (continuous or not) of such absence during a Policy Year.

SURVIVORSHIP BENEFIT

When an Insured Person's spouse dies after this policy has been in force for at least ten years, no further premium payments will be required for this policy if:

- Both the Insured Person and such spouse continuously had long term care insurance coverage in force with us, other than under a Nonforfeiture Benefit, on the date of death of the spouse and for at least the prior ten-year period; and
- Such spouse's coverage included a similar Survivorship Benefit; and
- No long term care benefits were paid or payable by us for the Insured Person or spouse during the first ten years of such concurrent coverage.

EXCLUSIONS AND LIMITATIONS

This section states the conditions under which payment will be limited, or not made at all, even if an Insured Person otherwise qualifies for benefits. These conditions apply to all benefits provided by the policy and to all attached riders.

EXCLUSIONS

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- Provided by a Family Member, unless:
 - the Family Member is a regular employee of the organization that is providing the services; and
 - the organization receives payment for the services; and
 - the Family Member receives no compensation other than the normal compensation for employees in her or his job category.
- For which no charge is normally made in the absence of insurance.
- Provided outside of the United States of America or its territories or possessions.
- Provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to the Insured Person or his or her estate.
- Resulting, directly or indirectly, from war or act of war, whether declared or not.
- Resulting, directly or indirectly, from attempted suicide or an intentionally self-inflicted injury.
- Resulting, directly or indirectly, from the Insured Person's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

NONDUPLICATION

Benefits will be paid only for covered expenses that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care plan or law (except Medicaid).

We will consider, for the purposes of satisfying an Elimination Period, days on which an Insured Person incurs expenses that would otherwise qualify as satisfying his or her Elimination Period, but are excluded from coverage because benefits are paid or payable under governmental health care plans or laws as stated above.

BASIC CONTRACT PROVISIONS

This section describes: the documents that state all the contractual agreements; the importance of completing the application truthfully and correctly; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has the authority to change this policy or to waive any of its provisions.

Time Limit on Certain Defenses

Misstatements in the Application: During the first six months the policy is in force, we may rescind (void) the policy or deny an otherwise valid claim upon a showing of misrepresentation that was material to the acceptance of an Insured Person for coverage.

While the policy has been in force for at least six months but less than two years, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that: was material to the acceptance of an Insured Person for coverage; and is pertinent to the conditions for which benefits are sought.

After the policy has been in force for two years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that an Insured Person knowingly and intentionally misrepresented relevant facts relating to his or her health. If we pay any benefits under the policy, the benefit payments will not be recovered by us in the event the policy is rescinded.

Pre-Existing Conditions: We will not reduce or deny any claim under this policy because of a sickness or physical or medical condition that existed before the policy's Effective Date.

Other Provisions

Misstatement of Age: If an Insured Person's age was misstated in the application for this policy, we will pay the benefits that the premiums paid would have purchased at his or her true age. If, based on that true age, the policy would not have become effective, we will only be liable for the refund of all premiums paid for this policy.

Governing Jurisdiction: Any provision of this policy that on its effective date is in conflict with laws of the state in which the insured resides on that date is hereby amended to conform to the minimum requirements of the laws.

Time Periods: All time periods begin and end at 12:01 a.m. at your residence.

Nonparticipating; Dividends Not Payable: This policy does not participate in our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

No Cash Values, Borrowing, or Use as Collateral: The policy does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

CLAIMS PROVISIONS

This section describes: when we must be notified of a claim; what to send us; how we evaluate and pay claims; and other rights and responsibilities under the contract.

Your Role in the Claims Process

Let us know at once, then follow these procedures.

Early awareness by our Claims Department will facilitate a timely claim review. You can help us in this process by letting us know immediately when an Insured Person thinks he or she is eligible for benefits under this policy. Of course, someone else who is authorized to act on your behalf can also contact us for you.

Privileged Care Coordinators

When an Insured Person uses a Privileged Care Coordinator (as provided in the Privileged Care Coordination Services provision), we will work with that coordinator to ensure that we understand the Insured Person's condition, any prescribed Plan of Care, and any care and support services received.

Telling us About a Claim

Notice of Claim: We must be notified when an Insured Person has a claim. The notice can be given to us at our Long Term Care Offices or to our agent. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: the Insured Person's name; the Policy Number; and an address to which the claim forms should be sent.

How to File a Claim

Claim Forms: When we get notice of claim we will send out the necessary forms to be used to file proof of loss.

The forms will tell you how to complete them and where to send them. Read them carefully. Answer all questions and send all required information to the address on the forms. This will assist us in the evaluation of the claim so that we can determine the benefits for which the person is eligible.

If you or your representative do not get the necessary claim forms within 15 days, proof of loss can be filed without them by sending us a letter which describes the occurrence, the character and the extent of the loss for which your claim is made. That letter must be sent to us at our Long Term Care Offices within the time period stated in the next paragraph.

When to File a Claim

Proofs of Loss: When the policy provides for payment for continuing loss, written proof of the loss must be given to us within 90 days after the end of each 30-day period for which benefits may be payable. For any other loss, written proof must be given to us within 90 days after such loss. If it was not reasonably possible to give us written proof in the time required, we shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to us no later than one year from the time specified.

Our Evaluation Criteria; and the Claims Payment Process

How We Evaluate Claims: We will obtain information about a person on whose behalf a claim is made by working with that person, and his or her personal physician and Privileged Care Coordinator (if applicable). We will also consult with any Licensed Health Care Practitioners, agencies and other care providers he or she used. We will then review that information to determine eligibility for benefits. We reserve the right, as part of the review and at our expense, to do an assessment or a physical examination of a person on whose behalf a claim is made. Similar reviews may be required, at reasonable intervals, to determine eligibility for continued benefits [while a claim is pending](#). We may use outside services to assist in evaluating an Insured Person's condition.

On an ongoing basis, we must receive updates to the Insured Person's Plan of Care and a Current Eligibility Certification by a Licensed Health Care Practitioner as required in the Benefit Eligibility provisions. We will also need a copy of his or her Medicare Explanation(s) of Benefits (or similar form for other plans and programs subject to the Nonduplication provision) to determine which expenses (if any) are excluded from coverage.

Physical Examinations: At our expense, we have the right to require a medical examination at reasonable intervals while [a claim is pending](#).

Time of Payment of Claim: After we receive the proper written proof of loss, we will pay any benefits then due immediately; and at the end of each 30 days thereafter, when the loss is expected to result in ongoing benefits.

Payment of Claims: All benefits will be payable to the Policyholder. [If the Insured Person becomes eligible for medical assistance in the Commonwealth of Virginia, the Virginia Department of Medical Assistance Services will be the payor of last resort for benefits payable under the policy.](#) Any benefits unpaid at the Policyholder's death will be payable to his or her estate. If benefits are payable to an estate, we may pay a portion of those benefits, up to \$1,000, directly to someone related to the Insured Person by blood or marriage who is deemed by us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any benefits for care or services an Insured Person receives to the provider of the care or services; unless you direct us to do otherwise in writing by the time proofs of loss are filed. We do not require that the care or services [be provided by a particular provider](#).

How to Appeal a Claim Decision

We will inform you, the Policyholder, in writing if a claim, or any part of a claim, is denied.

Appeal Process: If you believe that our decision on a claim is in error, we will reconsider the claim. You must send us a brief note (no special form needed) that tells us why you feel we should change our decision. You may authorize someone else to act for you in this appeal process.

The note should include the names, addresses and phone numbers of any providers you think we should contact to learn more about the health and the care received by the person on whose behalf the claim was made. This would include the physicians, health care professionals and other care providers who treated the Insured Person; and the facilities from which he or she received care, treatment, services, equipment or other items.

We will provide you with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any benefits due as a result of our reconsideration.

Legal Actions: You cannot sue on any claim before 60 days after written proof of loss has been given as required by your policy. You cannot sue after three years from the time written proof of loss is required to be given.

EFFECTIVE DATE AND PREMIUM PROVISIONS

This section describes such things as: when the policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; what happens if premiums are not paid on time; and protection available in the event of unintentional lapse of the policy.

The Policy Taking Effect **Effective Date and Consideration:** This policy is issued based on: the statements made in its application; and payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule. It can be continued in force by the timely payment of premiums until it terminates because the Lifetime Payment Maximum (including any increases due to any Inflation Protection) has been reached.

**Your Right to Cancel
The Policy at Any Time** The Policyholder may cancel this policy at any time by sending us written notice. The policy will be cancelled as of the date we receive the notice, or the later date stated in the notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

**Our Limited Right To
Change Premiums** Premiums will not increase due to a change in age or health. We can, however, change premiums based on premium class; but only if we change the premiums for all similar policies issued in the same state and on the same form as this policy. Premium changes will only be made as of an anniversary of the policy's Effective Date. We must give you at least 31 days written notice before we change premiums.

Paying Premiums The Premium Payment Mode shown in the Schedule states how often premiums are to be paid. Each premium after the First Premium is due at the end of the period for which the prior premium was paid.

Waiver of Premium
During covered
confinements and while
receiving Home Care
Benefits under a Plan of
Care from a Privileged
Care Coordinator We will waive premium payments for each coverage month that begins:

- While an Insured Person is receiving continuing benefits under the Long Term Care Facility Benefit or the Bed Reservation Benefit; or
- When Home Care Benefits are being received in accordance with a Plan of Care from a Privileged Care Coordinator.

This waiver applies to premium payments for the policy and all attached forms. It stops when the Insured Person ceases to meet the above requirements because:

- he or she is no longer eligible to receive continuing Long Term Care Facility or Bed Reservation Benefits; or
- the Privileged Care Coordinator's Plan of Care no longer requires the Insured Person to receive care or services for which benefits are payable under the Home Care Benefit.

At the end of the period for which the last premium has been waived we will first give credit for any premium paid for periods during which the waiver applied. You will then be required to pay the pro rata premium needed to return the policy to its previous premium payment mode. You must pay future premiums as they become due.

Refunds of Premium

All refunds of premium or similar amounts under the policy shall be applied as a reduction in future premiums or to increase future benefits. This does not apply to any refund: on death of the Policyholder when there is no surviving spouse who is an Insured Person under the policy; or on a complete surrender or cancellation of the policy.

What Happens When Premiums are Not Paid

Grace Period: This policy has a 31-day grace period. If a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. The policy will stay in force during the grace period. If the premium is not paid during the grace period, the policy will terminate at the end of the grace period. This is called a lapse. The end of the grace period is the lapse date.

Extension of Benefits: Termination of this policy will not affect any claim for expenses incurred during uninterrupted institutional confinement that begins while the policy is in force and continues without interruption beyond the date of termination.

This extension of benefits, beyond the period the policy was in force, will terminate when the Lifetime Payment Maximum that applies on the date of termination is reached; and is subject to the Elimination Period and all other applicable provisions of the policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Long Term Care Facility; receiving another level of care in the same Long Term Care Facility; and transferring back to a Long Term Care Facility from a temporary or acute hospitalization.

Reinstatement: If the renewal premium is not paid before the grace period ends, the policy will lapse.

Later acceptance of the premium by us (or by an agent duly authorized to accept such payment) without requiring an application for reinstatement will reinstate this policy as of the date of premium acceptance.

If we or our duly authorized agent require an application for reinstatement, and give you a conditional receipt for the premium, this policy will be reinstated upon either: our approval of the application; or, lacking such approval, the 45th day after the date of the conditional receipt, unless we give you prior written notice of our disapproval of the application.

The reinstated policy will cover only expenses incurred as a result of losses that begin after the date of reinstatement. In all other respects your rights and our rights will remain the same; subject to any provisions noted on or attached to the policy as reinstated.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

**Protection Against
Unintentional Lapse**

Lapse Notice to Someone Else: You have the right to designate someone else to receive notice of lapse or termination of this policy for nonpayment of premium. Any such notice will not be given to that person until 30 days after a premium is due and unpaid. When you direct us to make such notifications, the policy will not lapse or terminate for nonpayment of premium until 30 days after we notify both you and your designee of a lapse or termination.

Your application shows who you have named to receive these notices. You can direct us, in writing, to change your designation and send the notices to someone else.

Continuation for Lapse due to Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment: We will provide a retroactive continuation of coverage if:

- the policy terminates due to nonpayment of premiums (lapse); and
- within seven months after termination we are given proof that an Insured Person met the Benefit Eligibility requirements of the policy.

We must receive proof of his or her impairment or incapacity and all past-due premiums within that seven-month period. Any benefits for which an Insured Person qualified during the continuation period will be paid to the same extent they would have been paid if the policy and its riders had remained in force from the date of termination.

**Conversion of Spouse
Coverage Upon Death
of the Policyholder**

If you, the Policyholder, die while the policy is in force and your spouse is an Insured Person, he or she can continue to be covered by the policy; provided that premiums continue to be paid when due. All reference to "you" and the "Policyholder" in this policy will then apply to such spouse.

Signed for The Cincinnati Life Insurance Company



Secretary



President

Please keep this policy in a safe place with your other important documents.



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

February 28, 2023

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated February 15, 2023. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

Comments:

Policy form LTC-100-VA (4/99) was originally approved prior to SERFF. Therefore, please attach a copy of the approved policy.

[We have attached a copy of the approved policy. Please see the attached file 'Form LTC-100-VA \(4/99\).pdf'](#)

Objection 2

Applies To:

- LTC-100-2 (4/99T Other. Coverage Decrease Election Form (Form)

Comments:

Please revise the references to "30 days from the date of this letter" to reflect 45 days, for consistency with the policyholder letter.

[Please see the attached file 'Obj 2 - Coverage Decrease Election Form.pdf' that has been updated to reflect 45 days.](#)

Objection 3

Applies To:

- Policy Holder Notification Letter (Supporting Document)

Comments:

- 1) In the John Doe sample notification letter, the letter is dated 1/1/2023 and the effective date of the rate change is 6/30/2023. The policyholder is given 45 days from the date of the letter to return the change forms. Please confirm if mailing the notice of increase 6 months prior to the effective date would be your normal procedure.

[We have revised the letter date in the notification letter from 1/1/2023 to 4/1/2023 to reflect 90 days prior to the effective date per the prior objection to ensure the policyholder receives the letter at least 75 days before the implementation of the rate increase.](#)

- 2) Please update the John Doe samples as needed to reflect the current versions.

Please see the attached file: [Obj 3 – 'Policy Holder Notification Letter w single Round of RI_JohnDoe.pdf'](#) with the updated letter date that reflects 90 days prior to the effective date of the rate increase.

Objection 4

Applies To:

- LTC-100-2 (4/99I. Other. Coverage Decrease Election Form (Form)
- LTC-100-1 (4/99J. Other. Paid-Up Status Election Form ('Form'))

Comments:

Both the Paid-Up Status Election Form and the Coverage Decrease Election Form include a response date that is no later than XXX days from "the date of this letter". While these forms may be included when the policyholder notification letter is sent out, they are separate documents from the letter. Therefore, the election forms themselves should be dated and refer to the date of "this form", rather than the date on the notification letter.

Please see the attached election forms that are dated and refer to the date of "this form"

- [Obj 2 - Coverage Decrease Election Form.pdf](#)
- [Obj 4 - Paid-Up Status Election Form.pdf](#)

Objection 5

Applies To:

- LTC-100-VA1. Other. Policy Letter Address Change (Form)

Comments:

- 1) The Policy Letter Address Change Form instructs insureds to submit a revised address via mail. Are policyholders also able to update their address on the website or via phone?

[Policyholders are able to update their address via the Address Change Form or via phone.](#)

- 2) We note that the phone number on the address change letter is different than the 800 number in the notification letter. Please confirm the phone number.

Please see the revised Address Change Form that has the revised phone number: '[Obj 5 - Form LTC100 VA1.pdf](#)'

Objection 6

Applies To:

- LTC-100-VA. Other. Policyholder Notification Letter (Form)
- LTC-100-2 (4/99J. Other. Coverage Decrease Election Form (Form)
- LTC-100-1 (4/99J. Other. Paid-Up Status Election Form (Form)

Comments:

We note that the Policyholder Notification Letter instructs insureds to "return" the applicable election form within a certain number of days. The election forms themselves refer to a postmark date. For clarity and consistency, please revise the notification letter to indicate the postmark date

February 28, 2023

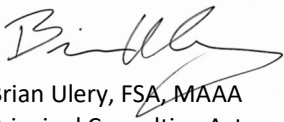
Page 2 of 2

Please see the revised policyholder notification letter that reflects the term 'postmark' to be consistent with the election forms:

- 'Obj 3 - Policy Holder Notification Letter w Single Round of RI_JohnDoe.pdf'
- 'Obj 6 - Policy Holder Notification Letter w Single Round of RI_revised.pdf'

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Ulery', is positioned above the printed name.

Brian Ulery, FSA, MAAA
Principal Consulting Actuary

LTCG



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

March 27, 2023

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated March 15, 2023. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

Applies to:

- LTC-100-2 (4/99), Other, Coverage Decrease Election Form (Form)
- LTC-100-1 (4/99), Other, Paid-Up Status Election Form (Form)
- Statement of Variability (Supporting Document)

Comments:

Thank you for including the date on the Coverage Decrease and Paid Up Status election forms. We note that the date was not marked as variable. Since this data will match the date on the Policyholder Notification Letter and therefore will vary depending on when the letters are prepared, please mark the date as variable and define the date in the corresponding SOV's.

[Please see the attached statement of variability:](#)

- [Statement of Variability_Coverage Decrease Election Form.pdf](#)
- [Statement of Variability_Paid-Up Status Election Form.pdf](#)

Objection 2

Applies To:

- Statement of Variability (Supporting Document)

Comments:

Please attach the John Doe versions of LTC-100-VA1, LTC-100-2 (4/99) and LTC-100-1 (4/99) under Supporting Documentation

[We have moved the John Doe versions of each of the forms above under Supporting Documentation.](#)

We look forward to hearing from you.

March 27, 2023
Page 2 of 2

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Ulery", with a stylized flourish at the end.

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG



7880 Bent Branch Drive
Suite 100
Irving, TX 75063
(877) 431-5824

April 6, 2023

Ms. Colleen Moore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: Rate Revision for The Cincinnati Life Insurance Company
Project Name: LTC 2020 Rates
SERFF Tracking No: GRJR-132365687

Dear Ms. Moore,

This letter is in response to your letter dated April 3, 2023. The letter indicated that further information is needed regarding the above-captioned filing. The items are restated below for your convenience, with responses in [blue](#):

Objection 1

Applies to: CINLIFE VA Response to Obi 20230315 (Supporting Document)

Comments:

Several of the changes requested in the 3/15/23 objection were not included in Amendment submitted 3/28/23:

- 1) The company was asked to revise the dates on the Coverage Decrease Election Form and the Paid-Up Status Election Form to be variable rather than "April 1, 2023" and define the variable terms in the SOVs. The variable term [DATE] was added and defined in the SOVs but the 2 election forms still say "April 1, 2023" in the upper right-hand corner. Please change them to be the variable term [DATE].

[We have revised the Coverage Decrease Election Form and Paid-Up Status Election Form to have the \[Date\] be variable. Please see the revised forms and corresponding statements of variability attached:](#)

- [Coverage Decrease Election Form.pdf](#)
- [Paid-Up Status Election Form.pdf](#)
- [Statement of Variability_Coverage Decrease Election Form.pdf](#)
- [Statement of Variability_Paid-Up Status Election Form.pdf](#)

- 2) Please attach updated John Doe documents for the 2 election forms reflecting the final version under Supporting Documentation.

[We have attached the John Doe versions of the election forms under Supporting Documentation:](#)

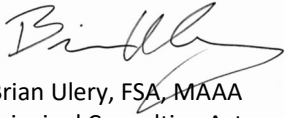
- [Coverage Decrease Election Form_John Doe.pdf](#)
- [Paid-Up Status Election Form_John Doe.pdf](#)

April 6, 2023

Page 2 of 2

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Ulery", with a stylized flourish extending from the end.

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG